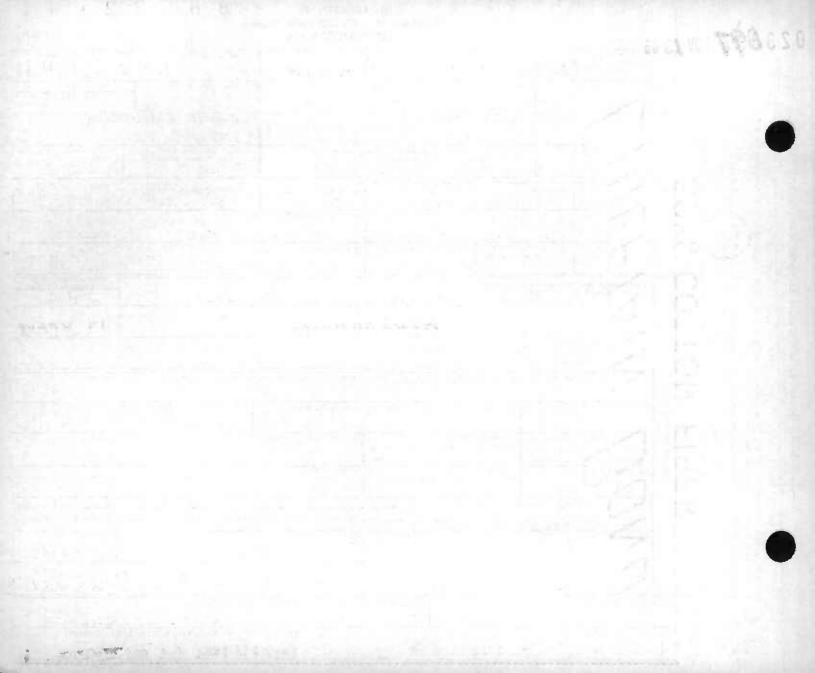
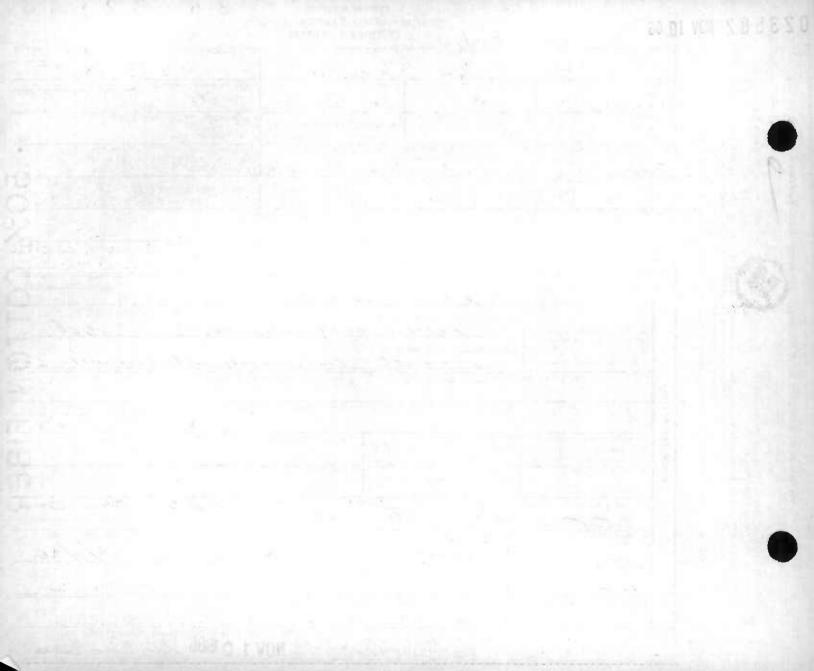
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AT NOV	1.	FOR STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	8 6 IENE	3 2 !	4 2
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100		Female	White	Feb.		86	YRS.	, Alla
10 25 S		RTHPLACE (STATE OR FOREIGN COUNTRY) Aryland	76 CITIZEN OF WHAT COU USA	MTRY? 8. MARRIE WIDOW	D NEVER MARRIED DIVORCED		R COUNTY OF DEATH K County,	MD
64		rederick	11. NAME OF HOSPITAL, II (IF NOT IN SUCH FACILITY, GIV Frederick	E STREET ADDRESS)		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Clerk		
35	Ma Ma	TATE 13b. Co		R TOWN SWICK	13d. INSIDE CITY LIMITS? YES X NO 15. MOTHER'S MAIDEN NA		ZIP CODE Maryland Ave.	/ 2171
	1	Harry A		nard	Bessie	Mae	Vannoso	lale.
17	1	VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIA	13-2239	17 INFORMANT	ADDRE		Ave.
Leen ugeed by the others mit. Then please remove co prior to buriel, cemerion, o day injury, or other trauma	CERTIFICATION	Conditions, if any, which gave rise to immediate cause [a], stating the underlying cause last PART 2 OTHER SIGNIFICATION 19a DATE OF OPERATION		SEQUENCE OF		INAL DISEASE OR CONI	DITION GIVEN IN PART I (a)	CAVI
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the buriof-tran and Mental Hy led or frem 18.1	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IFETIMER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WORK NOT WHITE AT WORK	DEATH HOUR A.M. MONT	19	21f. HOW INJURY OCCURE 21f. LOCATION STREET	CITY OR TO		STATE
DIRECTOR: Alt sched for use on Dept of Health I hem 23 is most		Mal certify that (1) (this he	aspital) attended the deceased and view the bady after death.	_19_86, 0	nd that in (my) (aur) apinian of DEGREE	death occurred on the do	5 , 19 86 , that are and haur and fram the cau	ses stated
		\sim	Kuland	/	PHYSICIAN D	MEDICAL STAF	IAN //-	5-86
CO FUNERAL I		22d PHYSICIAN'S NAME (T	Kinland			INTM A	Us, Bruns	vict.
sto runesal.	23a 8	22d. PHYSICIAN'S NAME (1) URIAL, CREMATION, REMOV	VAL 23b. DATE	23¢ NAME OF C	600 N	23d. LOCATION CITY OF TOWN	COUNTY	STATE
TO FUNERAL I should be deta with the State I WPORTANT II		JURIAL, CREMATION, REMOV	Kinland	23¢ NAME OF C	600 N EMETERY OR CREMATORY CY'S CEM.	23d LOCATION CITY OF TOWN Petersvi	JE, BRUALO COUNTY LILE, Fred., M 25b REGISTRAR'S SIGNATUR	STATE



				1					ST	ATE OF MARYLANI	D	8 6	3	2 1	4 5
23	5 8			FOR	1 1		DEP		F HEALTH AND MEI		IENE				
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					CEASED NAME	FIRST		MIDDIE		LAST		20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
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	YOF	Pool Pool		3. SE	X	7.010	4. RACE	7	5. DA	E OF BIRTH		6. AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS
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50	offer d	by the fu	notified	-	rederick	EATH		HOSPITAL, NICHFACILITY, GIVE	STREET ADDRESS)	e OR OTHER INSTITU	SPI ta	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST ON HOUSEWIF.	DE WORKING LIFE		OF BUSINESS OR
AND 212	24 heo	filled in	\$5	USU 13a	AL RESIDENCE (IF NO STATE D	13b COUI	NTY DERICK	13c CITY OR ADAMS	BEFORE ADMISSIN	13d. INSIDE CITY	1	13e.STREET ADDRESS 2909 Park		s Rd.,	21710
MARYLAND	pa pa	one 2 sh	10	1	EORGE		MIDDLE	LAYE		15. MOTHER'S M ADA				WEE	ST
ORE	di di	oges 1	edicol /		WAS DECEASED EVI		MED FORCES? VE WAR OR DATES)		SECURITY NO						MD 21710
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IL RECORDS	he low r	hos bee r permit. ene prior	A out	CERTIFICATION	19a. DATE OF OPER	RATION	19b. COND	ITION FOR W	'HICH OPERA	TION WAS PERFORM	NED	200 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	
DIVISION OF VITAL	ICIAN: TI 9 physicia	is certificate burial-transi Mental Hygi	98.5		21a. ACCIDENT WAS LONG OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A.	OF INJURY M. MONTH	DAY YE	AR	RY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)	
NOISION	dG PHYSI	fter this case the burner of t	rked or f	MEDICAL	21d. INJURY OCCU	WHILE O		OF INJURY REET, FACTORY, O	FFICE, FARM, ETC	211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
	ATTENDIN Spital or	CTOR: Al I for use of of Healt	21 is mo		22a.l certify that saw the elece obove (1) we		ital) attended th			, and that in any (ou	or) opinion o	deoth occurred on the d			tho (We) lost couses stated
	OR ,	chec	Hen		226 SIGNATURE		->	/		DEGREE	FAIDING	AAEDICAL STA	r.	22c. DATE	SIGNED
	AL	deto	=======================================		1-	5	Car	Com	0	PHY	YSICIAN	MEDICAL STA	CIAN	11/5	3/86
	TO HOSPII	TO FUNERAL should be det with the Stote	MPORTAN		P. GREC					22e ADDRESS	7th S	t., Suite	7. Fre		21701 MD
	of of of	Oh sh	<u>\$</u>	23o	BURIAL CREMATIO				23¢ NAME C	F CEMETERY OR CRE		23d LOCATION	, , , , ,	CCLICK	
	ВР		_	H	(SPECIFY)		11/7	/86	RESTH		GARDEN	S FREDERIC		DERICK	
	DHMH	1 - 16 60M	7/84	24 F	UNERAL DIRECTOR	G. DOI	JGLAS ST	AUFFER	becc		250. DATE	E REC'D. BY REGISTRAR		RAR'S SIGNAT	TURE
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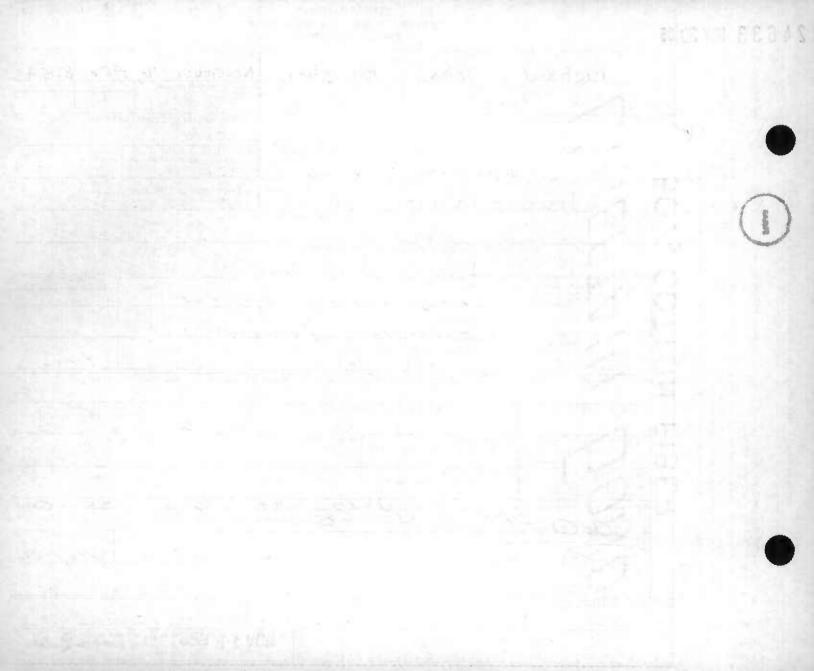


4811 NOV 2	118	FOR STATE REGISTRAR		DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MEN CERTIFICATE OF DEA	NTAL HYGI	ENE 8 6	3	21	44
		CEASED NAME	FIRST	WIDDLE	LAST		20 DATE OF DEATH		AY YEAR	26 HOUR
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p od ter d	3. SE		4.	RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRT	HDAYI	FUNDER I YEAR	IF UNDER 24 HRS
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100	130. S	AL RESIDENCE (IF NU STATE ATYLAND ATHER'S NAME	136 COUNT	ther institution give residence before Y 13t CITY OR TOW Pt. of RO	CKS 134 INSIDE CITY	-	street address	zip.code	Md. 2	21777
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John of the state	16a \	VAS DECEASED EVE		ED FORCES? 166 SOCIAL SECU NAR OR DATES) 705-10-	0528 Frede	Louis rick,	e Hartmai Marylan	50 d 217	8 Elm	Stree
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hos been sign permit. Then ene prior to bu	CERTIFICATION	ANCMIA 190. DATE OF OPER	. AR	TEMOSCLE ROTIC BRAND 196. CONDITION FOR WHICH	USYNDRAME, C	FANGRE		20b. IF YES,	WERE FINDIN	S AMOUTA
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5 % 5 % ¥ ¥	23a. E	BURIAL, CREMATION	, REMOVAL		AME OF CEMETERY OR CREA	MATORY	23d. LOCATION		COUNTY	CTAPE
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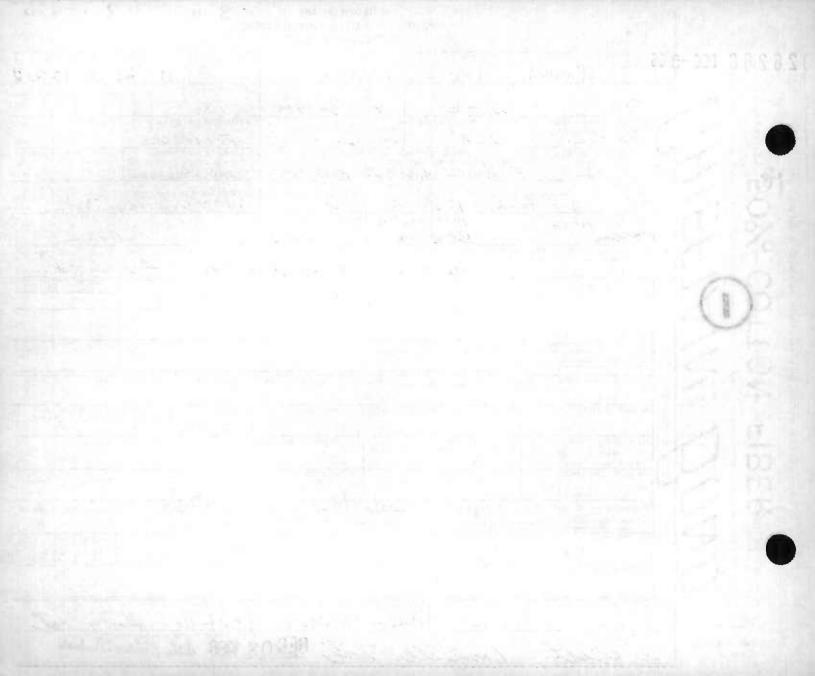
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOR ING PHYSICIAN: The low requires that the death certificate be exer a citerading physicion. When this certificate has been signed by the oftending physician and os the buriol-transit permit. Then please remove carbon papers. Page the and Mental Hygiene prior to buriol, cremation, or removal orked arithm 8 shaws any injury, or other traumatic event, the medic		couse (a), stating the underlying couse last.	I DUE IO, (SEQUENCE OF	1000				9	and of
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or us f He	1	sow the deceased alive above (1) (we) faid) (dic			20 6	-	, 17	death occurred on the de	ate and hou	_	, that (I we) lost
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TO HOSPITA TO FUNERA Should be do with the Sto		P. GREGORY						St., Suite	7, Fr	ederic	k, MD
		BURIAL, CREMATION, REMOV		100	23c. NAME OF C			23d LOCATION City or town		COUNTY	STATE
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DHMH - 16 60M 7/84		NAME	Douglas	ADD	DRESS		25a. RA	JV 1 8 1938 AR	256. FEG16	RARIS SIGNA	
(VRA 15, 4)	1	621 Opossumto	wn Pike,	Freder	ick, MD	21701			0		



		١.	FOR STATE	DE	PARTMENT OF F	E OF MARYLAND	GIENE 8 6	3 2 !	40
	West Wall	Living.	REGISTRAR			ICATE OF DEATH	REG. NO	1,	
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	and and	3. SE	(4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
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VITA	S G Sie	S. S.	210, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	- 110110 4 14 ALONE	TH DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY	-	
O.	fYSICIA ding pl is certif burial-t Mental or Item	₹ S	(IF EITHER, NOTIFY MEDICAL EXAMINER	5111	19				
/ISION	inG PHYSICIAN: r ottending phys After this certifica os the burial-tran lith and Mental Hy arked or Item 18	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		211. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
6	or o or o of the olth of the or o		22a.l certify that-(f) (this hospi	ital) attended the deceased	from III-	10 /0 (10	· uhal	86 10	, that (I) (we) last
	spital CTOR: for us of He		saw the deceased alive an	1. 3 018	19	nd that in (my) (our)-opinion		, , ,	
	the horted the borted the Director of the Dept.		22b. SIGNATURE	tis (bac	-1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	F _	E SIGNED
	TO HOSPITAL retoined by the TO FUNERAL should be determined with the State MAPORTANT: It		22d PHYSICIAN'S NAME (TYPE O	R PRINT)	0	22e. ADDRESS	_ 3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	5 € 5 € § ₹ 1	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	. COUNTY	CTATE
	BP		BUSIAL	12/186	Parkline	N CH etch	Aucho 1/2	- Maria	rest
	OHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME WCHILL	Burness	DORESS OF	and DECO	15 1986 July	SHIREGISTRARIS SIGNA	TURE



			FOR		DEPARTI		E OF MARYLAND EALTH AND MENTAL HYG	BIENE B	S	6	! 4 1
		1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	DE	G. NO.		
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	Poge	7n Bl	Female RTHPLACE (STATE OR FOREIGN	Caucas	WHAT COUNTRY?	June	25, 1898	9 BALTIMORE CI	YRS.	Y OF DEATI	H
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	de thun de		hio TY OR TOWN OF DEATH	II. NAME OF	HOSPITAL NURSIN	WIDOWE	DR OTHER INSTITUTION		derick	Tizh KIN	MD. ND OF BUSINESS OR
_	of the offer			(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)		TYPE OF WORK FOR M	OST OF WORKING L	IFE) INDUS	TRY
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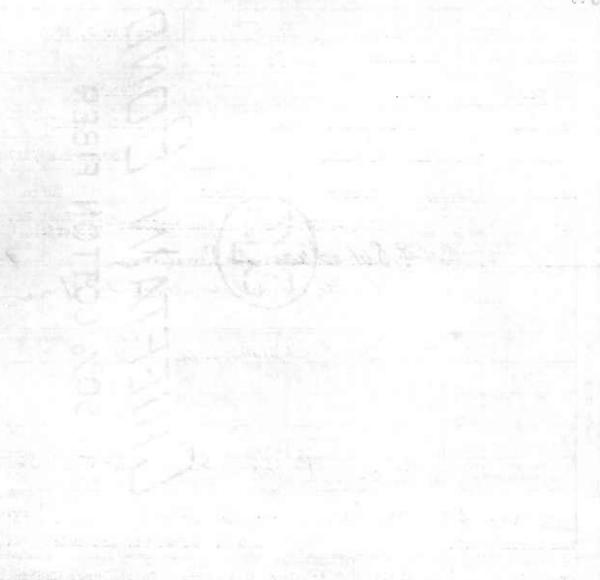
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B.A	STATE DREGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.	
	CEASED NAME FIRS	ST M	IDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
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3 SE	× Female	4. RACE Caucas	sian		te 26, 1905	6. AGE LIN YEARS LAST E	YRS	ER 1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.
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(WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES?	217-10-	/6/8	Mrs. Landon	ADD Proffitt	RESS 113 East Frederick	Patrick Stre
	Conditions, if any, whing over rise to immedia cause (a), stating the underlying cause to PART 2. OTHER SIGNIFIC.	te he DUE TO, OR	AS A CONSEQUE	ence of	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVEN IN	PART IIO
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CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOT		E FINDINGS USED CAUSES OF DEATH?
	210 ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICAL EX-	OF DEATH HOUR A.M	MONTH D	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PART I OF	RPART ?}
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY ET FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CITY OR	own co	DUNTY STATE
	220.1 certify that (1) (this saw the deceased oli above, (1) (we) (did) (c		- \$26_19_	1.0	nd that in (my) (our) opinion o	eoth occurred on the	dote and hour and f	from the couses stated
	27b. SIGNATURE	mm	with			MEDICAL ST		Nov.6.1986
	Rex Martin,				220 N. Mar	ket St. Fi	ederick.	Md. 21701
23a. E	BURIAL, CREMATION, REMO	236 DATE 11-6-1			emetery or crematory burg Crematory	23d LOCATION Smithsl	ourg, Wast	ăington,™Md.
75	B.Dailey & S	on V.W.			rket St. 250 DATE NO. 21701	REC'D. BY REGISTRA	RIZSH REGISTRAR'S	SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



STATE OF MARYLAND

STATE OF MARYLAND - STATE 21 RECESTRAR REG. NO 20. DATE KNOWN MONTH (TYPE OR PRINT) OF DEATH MATED Stanley Norwood Brown, Sr. 4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 1086 March 28, 1933 53 YRS DEAD Male White THE RIPTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Maryland WIDOWED L DIVORCED Frederick County, ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 112h KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Frederick Frederick Memorial Hospital Owner Cab Co USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 30 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Frederick Brunswick YEST NO [729 East "D" St. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST Fred Dolan. Ear1 Mary Catherine Brown ADDRESS 729 E. "D" St. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Sandra L. Brown - Brunswick, Md. 21716 Korean War 214-28-7289 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY-Cardiopulmonary Arrest IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.I. STREET CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Inquiry X and in my opinion Undetermined manner TITLE (SPECIFY) DATE 11/13/86 Deputy MEDICAL EXAMINER 812 Toll House Ave. EXAMINER'S NAME Robert J. Thomas, M.D. Frederick, Md. 21701 (TYPE OR PRINT) **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 11/17/86 Rocky Gap Veterans Cem. Burial Cumberland, Allegany, 07/B4 25M 24. FUNERAL DIRECTOR **DHMH - 17** John T. Williams Funeral Home Brunswick, Md. NOV (VR A15 ME (5))

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4	3.5 E			view the body after death.			
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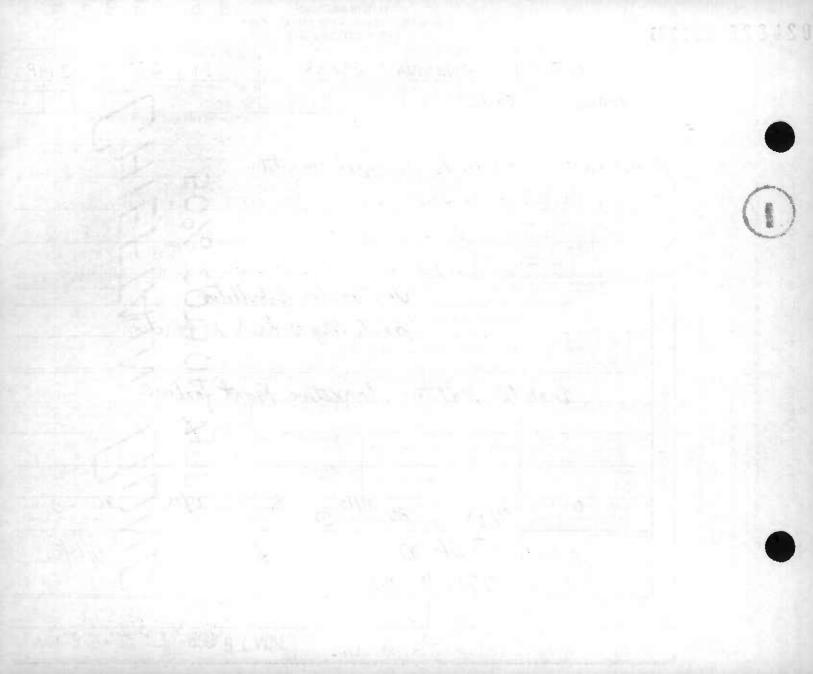
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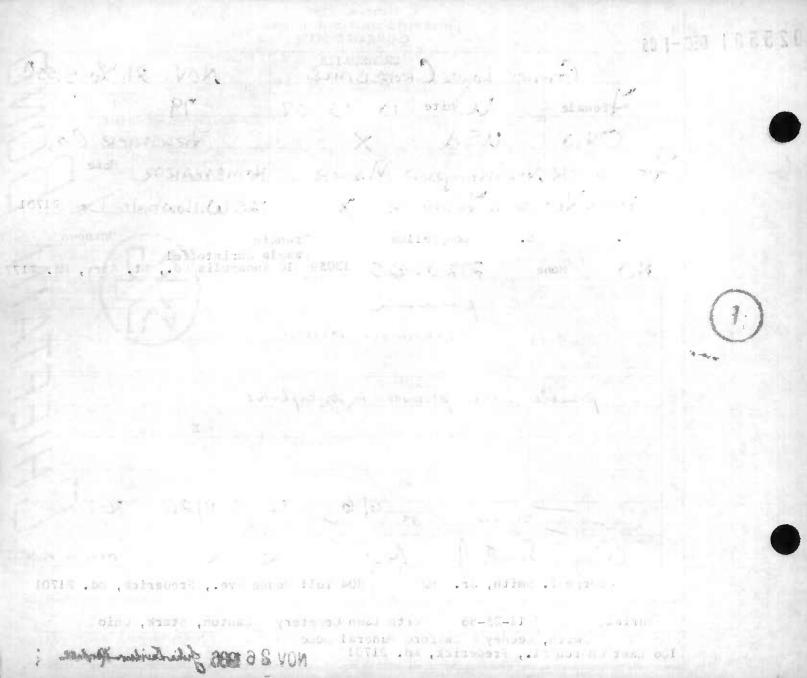


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Frederick.

DHMH - 16 60M 7/84 (VRA 15, 4)

106 East Church Street.



STATE OF MARYLAND 024781 NOV 21 DEPARTMENT OF HEALTH AND MENTAL HYG MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-William CRUMMITT, JR. Edward 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH 2d HOUR 2c DATE LAST BIRTHDAY) PRONOUNCED Ma le White Feb. 23, 1933 DEAD 53 YRS BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Frederick County U.S.A. WIDOWED DIVORCED X 10 CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS West Fifth Street Frederick Bricklayer SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 7 West Fifth Street 21701 Frederick Frederick 13d INSIDE CITY LIMITS? Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Crummitt Edna William Edward Mae Keith Ina WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMA William E. Crummitt III (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-28-6352 5769 Sunset View Lane Frederick, Md. 21701 18 CAUSE OF DEATH (Enter only one cause per line follow), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate JSED AS A BURIAL - TRA F HEALTH AND MENTA (AL, CREMATION, OR) cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK 220 I certify that I taak charge of the remain described above, held an Autopsy Inspection and in my apinian Hamicide _ death resulted from Natural cause Undetermined manner TITLE (SPECIFY) PAGE 4 SHOUNT TO FUNERAL DAFFER DEATH, BALTIMORE, M. 11-14-86 Deputy SIGNATURE. 812 Toll House Ave. EXAMINER'S NAME Robert J. Thomas, M.D. Frederick, Md. 21701 ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Mt. Olivet Cemetery 11-18-1986 Frederick, Frederick 07/B4 25M 24 FUNERAL DIRESMIth, Keeney & Basford Funeral Home DHMH - 17 106 East Church St., Frederick, Md. 21701 (VR A15 ME (5))

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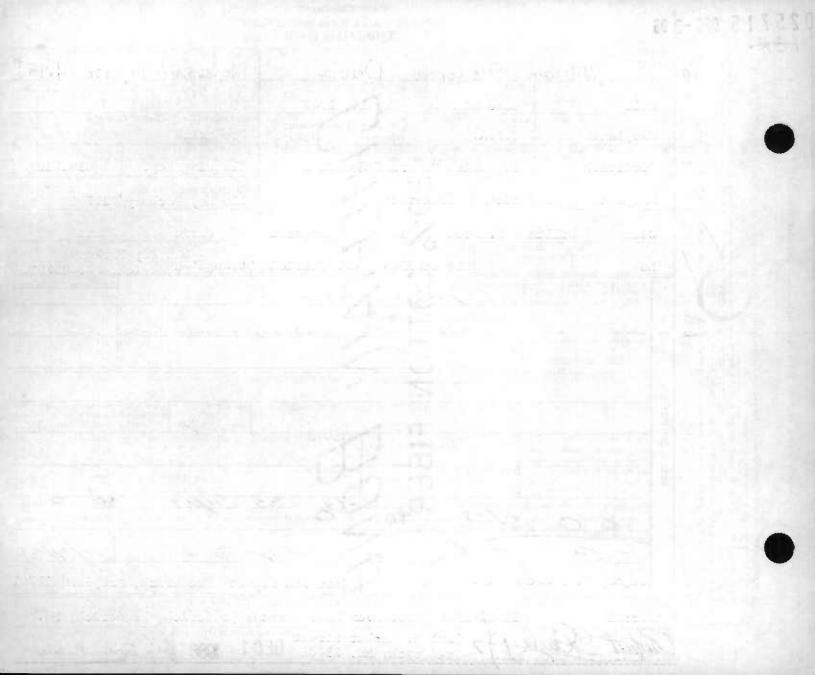
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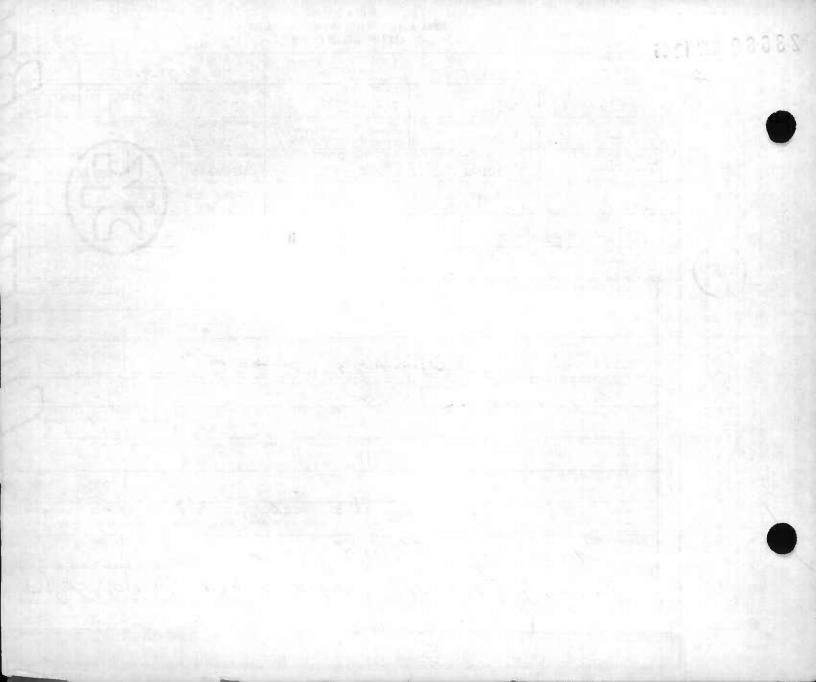
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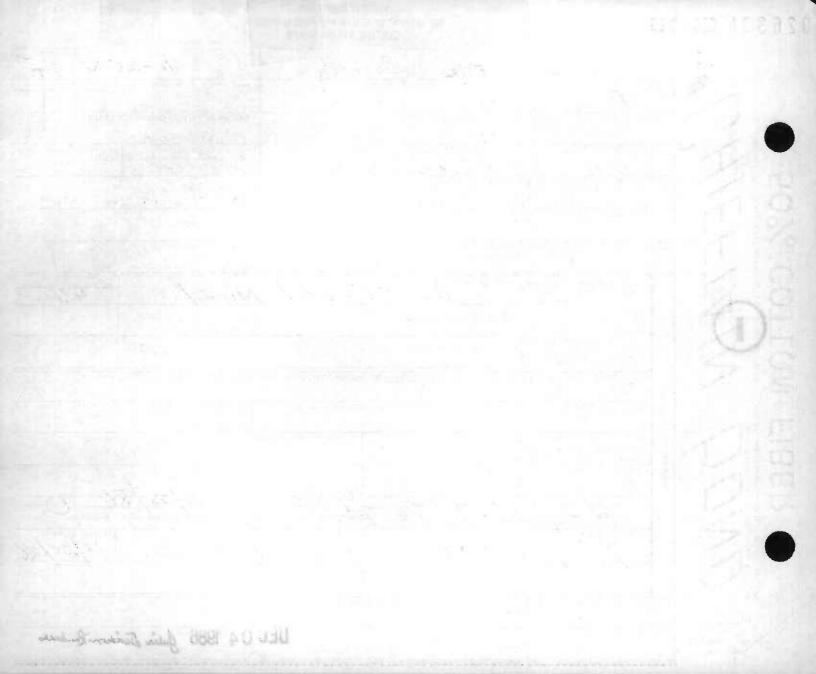
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TO FUNERAL DIRECTOR. After thould be detached for use or the with the State Dept. of Health or MPORTANT, if hern 21 is market.



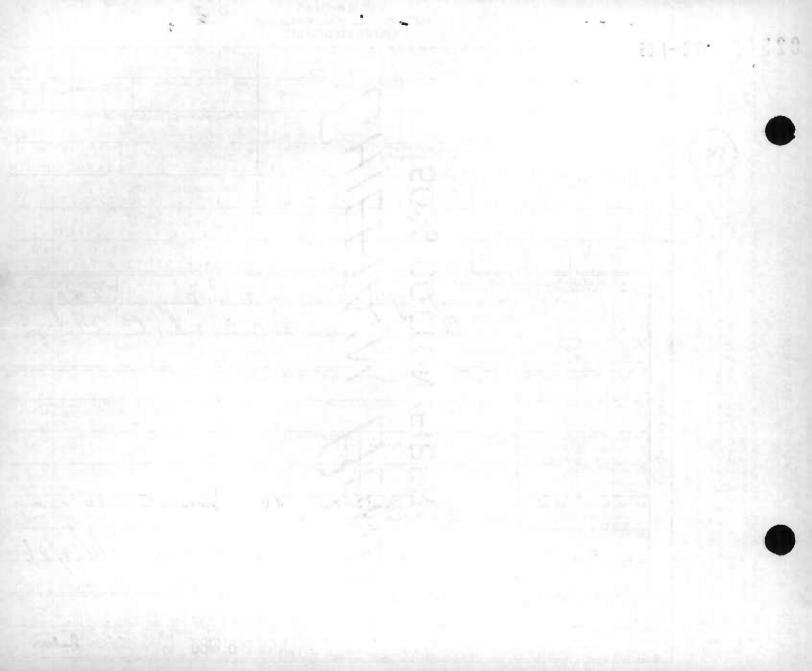


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RP		SPECIFY)						CITY OR TOW		COUNTY	STATE
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(VKM 10, 4)	G.	Douglas St.	autte	er, 1621	Opo	ssum	town Pikeul	4 0 1000	0		

STATE OF MARYLAND



025836 DF	1.	FOR STATE RECISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	2 1 6 /
a 7 ta 4	TYPE	LESTER	GEORGE	DUTROW	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR 7:40 PM
Page 4 may director (Page haurs of the decention)	3 SE	MALE	4. RACE WHITE	5. DATE OF BIRTH 02/427/01/4 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 85	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
death. Po	Pa B M	RTHPLACE STATE OR FOREIGN ARYLAND	U.S.A.	* MARRIND NEVER MARRIED WIDOWED DIVORCED	REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 12b. HOUR 1/36 SIZE 1/26 86	
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	Ν̈́ο	NAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (NON)	RMED FORCES? 2166 SOCIAL SEC WAR OR DATES) 217–36–4	ROBERT R. DUT		WOODSBORO PIKE
equires that the death certificate in signed by the attending profile. Then please termore carbon amount to burlot, an other traumants term the injury, as other traumants.	NO	Canditions, if any, which gave rise to immediate cause io), stating the underlying couse last.	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	JENCE OF	minal disease or condition g	PUNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS. 126. KIND OF BUSINESS OR WORKING LIFE DATE MY ORO PIKE 21757 S LAST 11 WOODSBORD PIKE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OB. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NITEM 18, PART 1 OR PART 2) COUNTY STATE: 19 , that (I) (we) lost and hour and from the causes stated 22c. DATE SIGNED 17.788 D FREDERICK STMD OR REGISTRAR'S SIGNATURE
no. has bee	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	RTIFYING CAUSES OF DEATH?		
thending physici ar this certificate the buriol-trans and Mental Hygi cedor Item 8 sh	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH	DAY YEAR 19 211, LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18	3, PART 1 OR PART 2)
Shospital		22a. I certify that (I) (this hasp	oital) attended the deceased from 19-25-86 19-201 view the body after death.	7-11-79 19, and that in (my) (aur) opinion DEGREE ATTENDING		aur and from the causes stated
retoined by the TO FUNERAL (should be deto with the State [MAPORTANT: If	73a F		BRS Steve	PHYSICIAN PHYSICIAN PHYSICIAN Thu	o Center St.	788
BP		BURIAL CREMATION, REMOVAL SPBURIAL UNERAL DIRECTOR	1 1/29/86 MT	NAME OF CEMETERY OR CREMATORY HOPE CEMETERY	WOODSBORO	
DHMH - 16 50M 1/76 (VR A 15 (4))		D. HARTZLER	WOODS	0000		

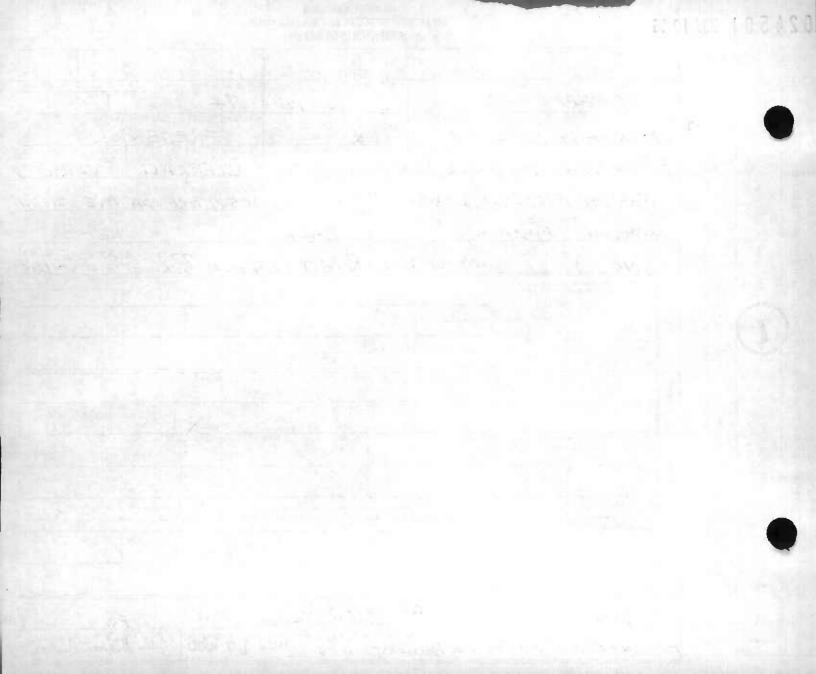
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	may be page 3 ter deoth	11112	FETA	ia_		H.	Ca	k rich	11	115	186.		6600 M
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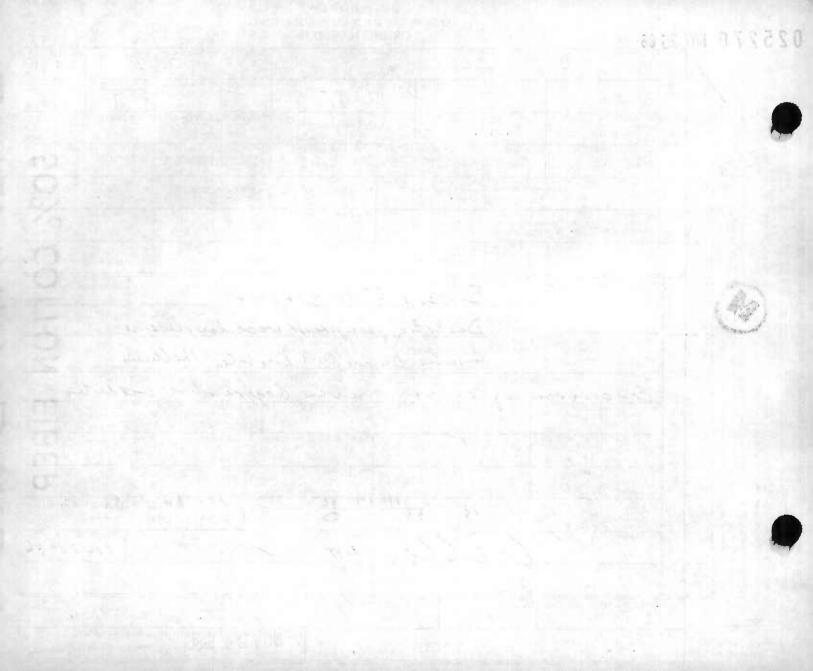
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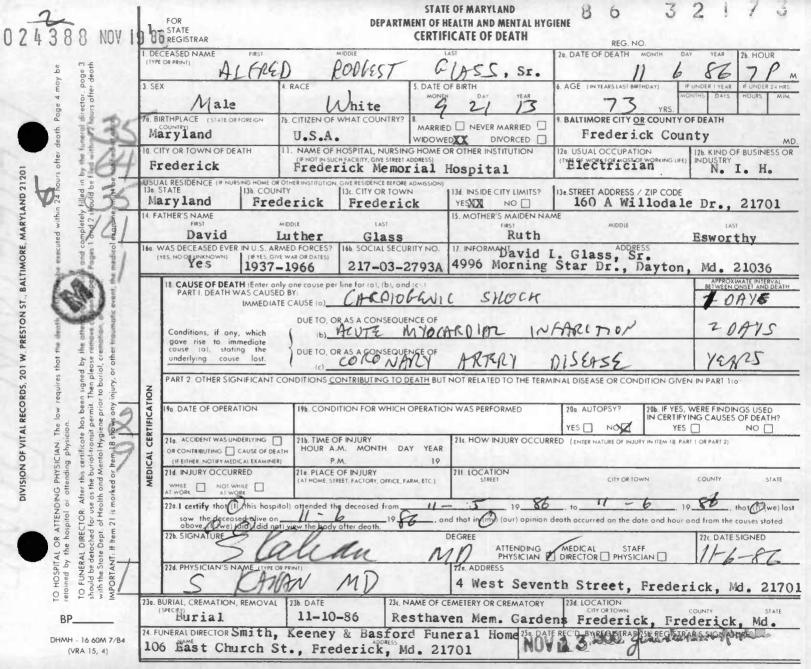
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kecul	160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YE	. ARMED FORCES?	166 SOCIAL SECU	RITY NO. 17	INFORMANT	A	DDRESS 7309	WESTWO	OD DR.
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01 of 10 W W.		BURIAL, CREMATION, REMO	VAL 23b. DATE	23c. N	IAME OF CEMI	ETERY OR CREMATORY	28d. LOCATION		COUNTY	STATE
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(VRA 15, 4)	R	BERT E. DAILE	Y & SON.	P A THIE	MONT	MD 21700	EC 1 198	5 Julia 1	Jandson.	Pandage

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	MEDI	WHILE AT WORK			OF INJURY (AT HOME, TORY, FARM, ETC.) home	21f LC	ocation street 9729 Doctor	CITY OR		county Fred C	o., Md.
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	E	XAMINER'S N	IAME JO	nn E. Smia	lek, M.D.	^		Penn St.		SIGNED	1201
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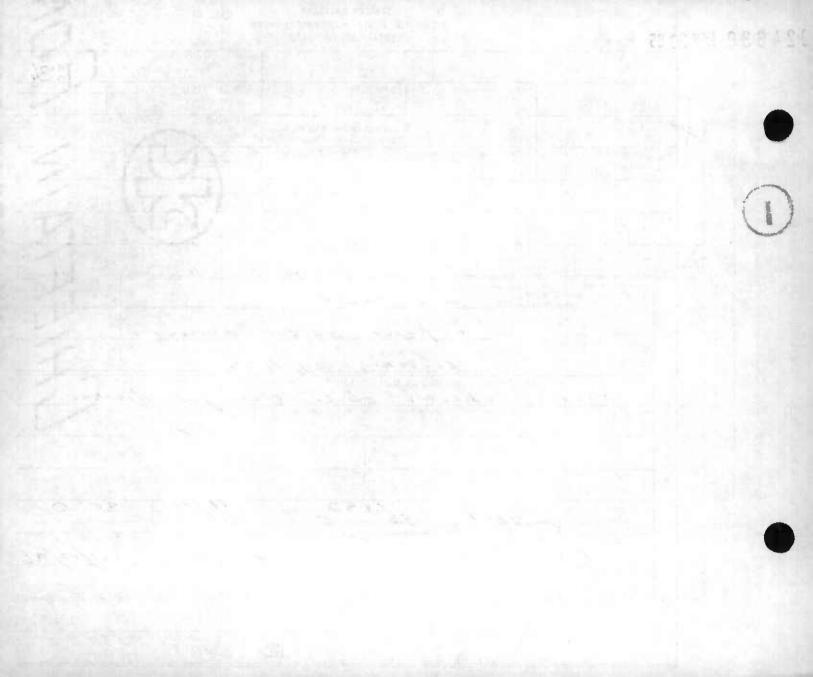
Maryland Housed Making

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025665 DEC	STATE OF MARYLAND 8 6 3 2 1 / 8 P-GATE CERTIFICATE OF DEATH REGISTRAR STATE OF MARYLAND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
be 3	1. DECEASED NAME FIRST MODIE. LAST 20 DATE OF DEATH MONTH DAY YEAR 26. HOUR (TYPE OR PRINT) DOROTHY LOUISE HARDY 11 13 86 1540pm
ge 4 moy bu rector, page urs after deal	3. SEX 4 RACE S. DATE OF BIRTH MONTH DAY YEAR O7 21 09 77 YRS. 6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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offer d	FREDERICK FREDERICK MEMCRIAL HOSP. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TEACHER 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TEACHER
ND 212 24 hour filled in k ould be fi	USUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13d. STREET ADDRESS / ZIP CODE ST. 21716
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that the that the by the cose rate or other	couse (D), stating the underlying couse lost. (c)
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the hor in DIRE	226. SIGNATURE DEGREE MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN
HOSI nined FUN ould b	220 PHYSICHANISMAME (TYPESO THE GATER 220 ADDRESS BRUNSWICK, MB. 21716
BP	230 BURIAL, CREMATION, REMOVAL 236 DATE 23, NAME OF CEMETERY OR CREMATORY 236 LOCATION CHARACTERY OF CREMATORY 236 LOCATION CHARACTERY 23
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AND 217	13a. S		ome or other institution COUNTY rederick	13c. CITY OR TOWN Frederick	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CO 1421 Taney A	DDE venue/21701
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IMORE, in and ca Pages I	16a V	VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES?	220-09-708		K. Wallace Free	l Taney Avenue derick, Md.21701
W. PRESTON ST., BALTIMORE, MARYLAND 21201 the decir certificate be executed within 24 hours by the attending physican and completely filled in by se remove a ban page. Fages 1 and 2 should be the cremation, or mesons and second the medical deconcerture at a second the medical deconcerture and the medical			DUE TO, C	OR AS A CONSEQUENCE	toy mouff	Eccensy patux meumo	BITWEEN, OHSET, AND DEATH
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TO HOSPITAL . TO FUNERAL ! shauld be deno with the State !		Joi	ON VITA	RE110 MP	Medical Pa	vilion Frederic	ck, Maryland 2170
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DHMH - 16 60M 7/84 (VRA 15, 4)	11.11	E. Dailey & So	illegt	1201 Man	ket Street	ATE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR W. DECEASED NAME 2b. HOUR (TYPE OR PRINT) PRBARA 3 SEX 4 RACE DATE OF BIRTH YEAR 3 MONTH 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OF FOREIGN MARRIED MEVER MARRIED U.S.A. Frederick County Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Home Homemaker 3824 Basford Rd. Frederick 21701 Frederick Marvland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Pauline Mildred Fisher Lester Beall Erwin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO 17 INFORMANT 21701 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-28-2735 Robert E. Hobbs , 3824 Basford Rd., Frederi APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: 10- Vaccular Auctons Few mits DUE TO, OR AS A CONSEQUENCE OF atterpolle 4 con Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF BEATH 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE 220 I certify that (I) (this hospital) attended the deceased from sow the deceased a view the bady ofter death, and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN HAME LTYPE OR PRIN 22e. ADDRESS 23c NAME OF CEMETERY OR CHEMATORY 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Nov.11,1986 Resthaven Memorial 24 FUNERAL DIRECTO Smith, Keeney & Basford Funeral Home BY REGISTRAR 25h REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 106 East Church Street, Frederick, Md. 21701 (VRA 15, 4)

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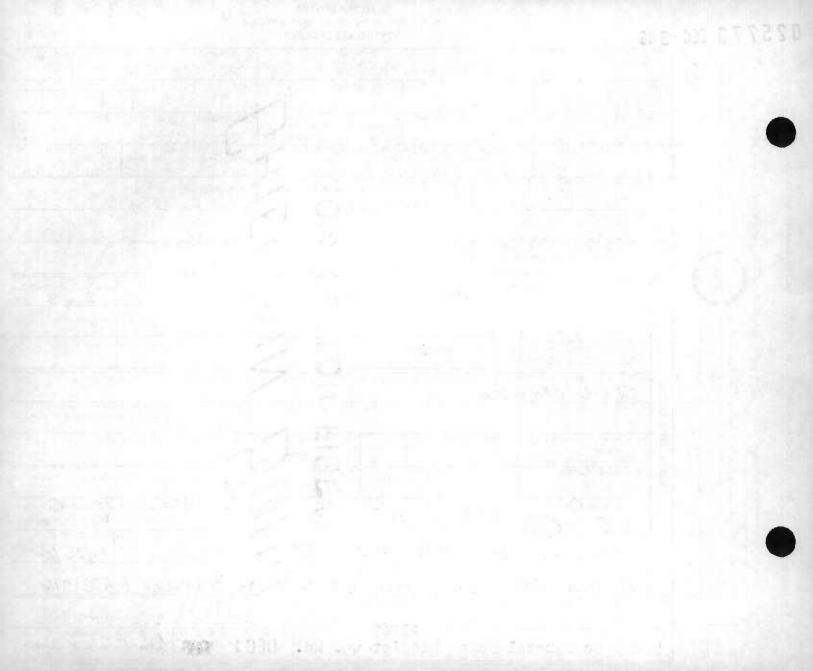
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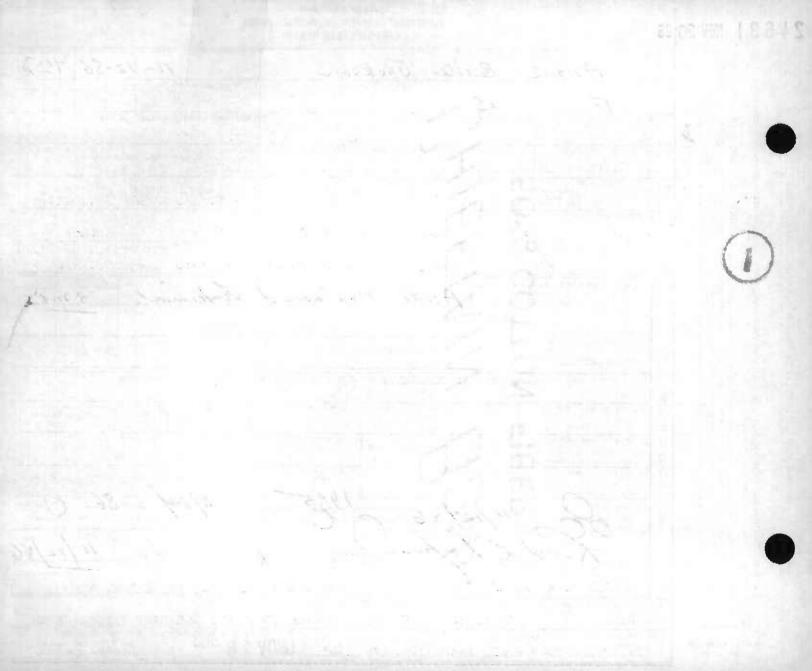
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the tr	10. C	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN CHEACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL	CCUPATIO	WORKING LIFE)	12b. KIND OI INDUSTRY	F BUSINESS OR
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AND 21	13a.	AL RESIDENCE (IF NURS STATE Md .	13b. COU		13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	Main	St. 2			
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ORE,		WAS DECEASED EVER		RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	82.	ADDRES	S		
TIMC		No			214-34-	2377	Peggy Mond	g Gen	esco,	I11		
BAL Sole		18 CAUSE OF DEATH	H (Enter o	nly one couse pe	r line for (a), (b), and	d (c).)	FERENCE S	3.7				MATE INTERVAL
certificate				TE CAUSE (a)	Colon	car	cer				2	415
DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours cattending physician. When this certificate has been signed by the ottending inviscin and completely filled in by as the burrot-transit permit. Then please remove carbon permit and 2 should be fill the and Mental Hygiene prior to buriol, cremation, at removal.		Conditions, if any, gove rise to imm cause (a), statin underlying cause	nediate g the lost.	(c)_	OR AS A CONSEQUE		NOT RELATED TO THE TER/	MAIN AL DISEASE	ORCOND	IT ION CIVE	IN DART V	
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Ol softer of	64		Y OR TOWN OF DEA	ATH	(IF NOT IN SI	F HOSPITAL, NURSII UCH FACILITY, GIVE STREET ICK MEMOR	ADDRESS)	OR OTHER INSTITUTION OSPITAL	12a USUAL OCC	UPATION MOST OF WORKING		OF BUSINESS OR
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	- 16 60M 7/84	24 FUI	NERAL DIRECTOR	G. DC	UGLAS	STAUFFER	k WD		E REC'D. BY REGIS	STRAR 25b. REGIS		URE



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	the he etoche			22b. SIGNATUR	IV	Oso	re	✓	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		11)13	SIGNED .
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999	GGG	-		URIAL, CREMATION, REM SPECIFY Burial		136. DATE November	17,86 F	airvi	-00		harles		Trimpad -	W.Va.
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0 2 5 0 8 0 NOV 23	FOR ATE GETRAR	DEPARTM	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 : 0 3
	DECEASED NAME PIRST PROBLEM	RT JOHN	KELLY KELLY	20. DATE OF DEATH MONTH GAY	86 237 pm
t after p	Male	4. RACE White	5. Date of Birth Dec. 6, 1927		UNDER I YEAR IF UNDER 24 HRS
2 7 to 12 A	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Massachusetts	76 CITIZEN OF WHAT COUNTRY?	* MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF Frederick Coun	
. 2 21/3//	CITY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / Frederick Memo	G HOME OR OTHER INSTITUTION		176 KIND OF BUSINESS OR
	a. STATE 13b. COUN	other institution, give residence before ITY	N 113d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 4049 Lander Road	
MARYLL MARYLL	John Henr	y Kelly	15. MOTHER'S MAIDEN NA	MIDDLE	Ducy
MAORE Pages 1 190	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU 578-30-4		4049 Eander 1	Road Md. 21755
ST., BAL physical property of the second of		ly ane cause per line far (a), (b), and D BY: E CAUSE (a)	RESPIRATORY	ARREST	BETWEEN ONSET AND DEATH
NO SERION	Canditians, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF MYOCARDIAL	INFARCTION	IMPEDIATE
or were the party of the party	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	MESSIVE CARRION	INSCULAR DISENSE	TEMPS
ORDS, 2 requires or signe or to burn y rejury, v			DEATH BUT NOT RELATED TO THE TERM		
VITAL RECORDS N: The law requirements been also one has been also been also been also be also been also be	90 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	
24 222 4	OR CONTRIBUTING TO CAUSE OF DEA		Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	(OR PART 2)
NUSSION OF ALE THIS CENT IN THE WINDS OF THE SA THE BUNDER OF THE BUNDER	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDE CTOR A Median of Health	220.1 certify that (1) (this haspi saw the eceased a abave (1) (we) (did)	tal) attended he deceased from	, and that ir (my (aur) apinian	death accurred an the date and haur a	nd fram the causes stated
74, OR	22b. SIGNATURE	lleanin	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	121. DAJE SIGNED
O HOSPI rigined b TO FUNE hould be whost be	22d. PHYSICIAN'S NAME (TYPE O	Augarer	- BRUNS	wick, Mb.	
BP	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		t. Mary's Cemetery	23d LOCATION CHYORTOWN Petersville, Fre	county state
DHMH - 16 60M 7/B4 (VRA 15, 4)	Smith, Keeney		ral Home		R'SISTENATURE

described to the state of the s Mining the court along a first of the second of the second

026274 DEC-	FOR STATE REGISTRAR		STATE OF MARYLAND NT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	REG. NO.	2 1 8 6
	I. DECEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26. HOUR
nay be page 3	Siste	r Gertrude Kelly		Nov. 30, 1986	9:00 a M
r, pa	3. SEX		DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
oge 4	Female		April 1, 1889	97 YRS.	
death. Page uneral direct hin 72 hours at once	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ireland	U.S.A.	MARRIED NEVER MARRIED W	9. BALTIMORE CITY <u>OR</u> COUNTY Frederick	MD.
offer of will	Emmitsburg	11. NAME OF HOSPITAL, NURSING UF NOT IN SUCH FACILITY, GIVE STREET, ADD ST. MICHAEL,	Emmitsburg, Md.	12a. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR INDUSTRY Dgtrs.of Charit
24 hour filled in light be f		OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AD UNITY 134. CITY OR TOWN Ederick Emmitsbur	g YES 🕅 NO 🗌	13e. STREET ADDRESS 333 S. Seton	Avenue 1727
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fille	14. FATHER'S NAME Michael Kelly	MIDDLE LAST	15. MOTHER'S MAIDEN NA	et Donnellan	LAST
BALTIMORE, I	160 WAS DECEASED EVER IN U.S 1 YES, NO OR UNKNOWN) 1 IF YES.	SIVE WAR OR DATEST	17. INFORMANT 1 J Sr. Josephir	ADDRESS ne-Villa St. Mich	ael, Emmitsburg,
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The law requires that the death rentil attending physician. Steet this certificate has been signed by the attending on the burial-transit permit. Then please remove carbon than and Mental Hygrene prior to burial, cremation, at min and Amental Hygrene prior to burial, cremation, at min arked or them 18 shown any injury, or other traumatic even		DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) T CONDITIONS CONTRIBUTING TO DE	CE OF ATH BUT NOT RELATED TO THE TERM	01	
AL RECC	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1%, condition for which of		YES NO X YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \(\sum \) NO \(\sum \)
ON OF VITAL HYSICIAN: The ding physicion is certificate h buriol-transit p Mental Hygier Mental B sher	00.000.000.000.00	DEATH HOUR A.M. MONTH DAY	YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18. F	PART 1 OR PART 2)
IVISION UG PHYS attendir ter this et ss the bu h and Me	OK CONTRIBUTING CAUSE OF	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARA	A. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN spiral or CTOR: Af I for use of the of Health	saw the deceased alive abave, (Diwe) (did) (aid	spital) attended the deceased from 19 not view the bady after death.		death occurred an the date and have	
TO HOSPITAL OR A retained by the harmonic by the harmonic should be detached with the State Dept IMPORTANT: If then	226. SIGNATURE	u Maringela	22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 30 NOV 86
O HOS: etained TO FUN should b with the		rningstar, M.D.		ve. Emmitsburg, N	ID 21/2/
ВР	230. BURIAL, CREMATION, REMOV (SPECIFY) Burial		ME OF CEMETERY OR CREMATORY JOSEph's	Emmitsbura. Fr	county STATE rederick Md
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIRECTOR	1 Home, EmmitSBürg.	25a DA1	4 1986 Julia Danie	TO A DI COOR TO A LEGISLAND

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		3.8	3-4		

DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE KNOWN DECEASED NAME MONTH DAY YEAR 2b. HOUR OF ESTI-Lewis Charles DEATH MATED Keyser 4 RACE 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 21. DATE LAST BIRTHDAY PRONOUNCED Ma le White June 6, 1904 DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. DIVORCED Frederick County, ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 112h KIND OF BUSINESS Factory Doughnut Corp. OR INDUSTRY Frederick Frederick Memorial Hospital UAL RESIDENCE (IF IN MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? NO 513 East Church Street 21701 136. COUNTY Maryland Frederick Frederick YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Alvie Be 11e Keyser Hammerick 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO INFORMA Austin L. Keyser (YES, NO, OR UNKNOWN) HE YES GIVE WAR OR DATES 9929 Gas House Pike Frederick, Md. 21701 213-18-8864 None CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if Jany, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES V NO 218 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOOR
CONTRIBUTING CAUSE OF DEATH subject pedestrian struck by auto LO:00 MPM 11/13/6 86 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK TO AT WORK Each Church St., Frederick City, Fred., Md. street X 226. I certify that I taak charge of the remains described above, held an Autopsy and in my apinion Natural causes Hamicide Undetermined manner TO MEDICAL EXA
EXECUTE THE CERT
PAGE 4 SHOULD I
TO FUNERAL DIRE
AFTER DEATH, WIT
BALLTIMORE, MAIN TITLE (SPECIFY) ACTUAL 11/14/86 Assistant SIGNATURE, EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. 230 BURIAL, CREMATION, REMOVAL 236 DATE 73r NAME OF CEMETERY OR CREMATORY Burial 11-17-1986 Mt. Olivet Cemetery Frederick, Frederick, Md. 07/84 14. FUNERAL DIRECTORS mith, Keeney Basford Funeral Home 150 DATE RECT. BY BEGIST AT 175 MREGURAR'S ANGLE 106 East ChurchSt., Frederick, Md. 21701 25M **DHMH - 17** 106 East ChurchSt., Frederick, Md. 21701 (VR A15 ME (5))

STATE OF MARYLAND

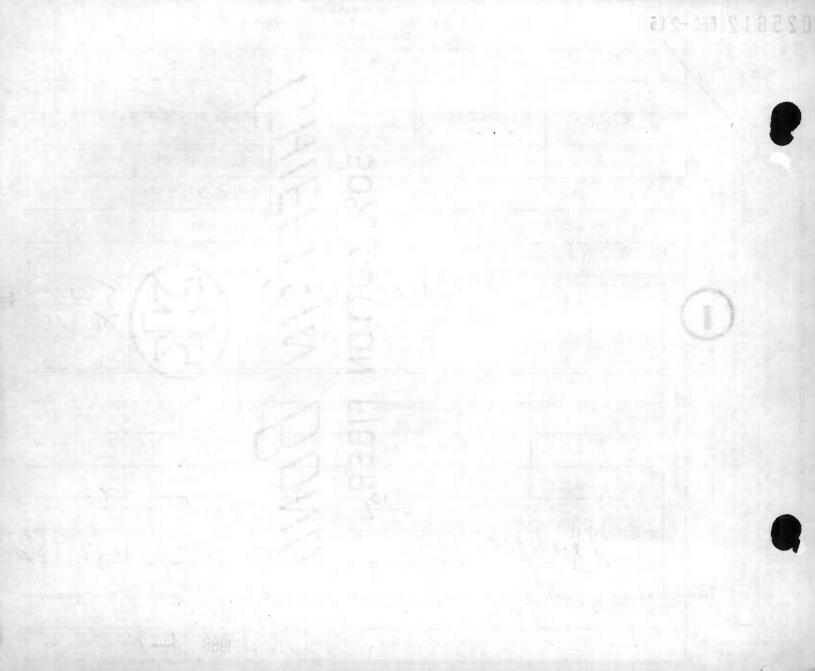
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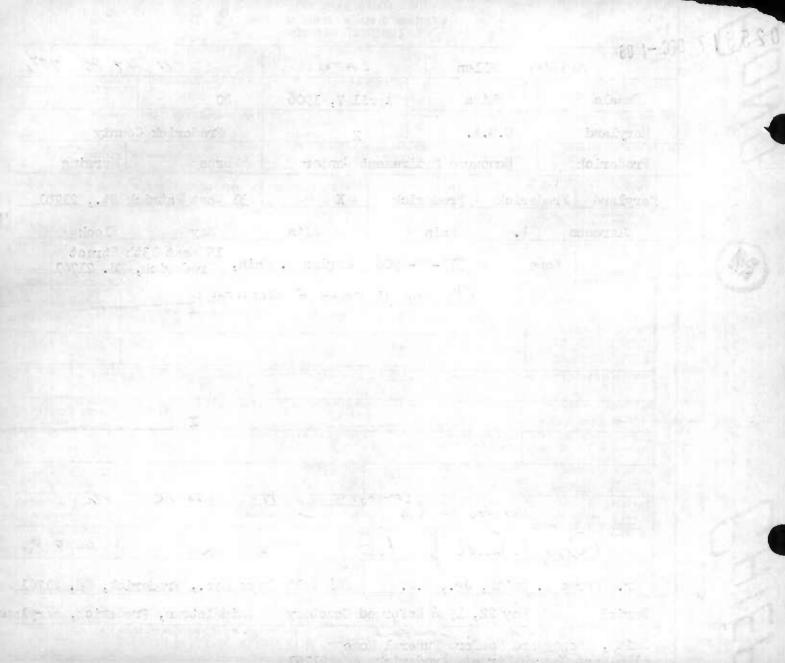
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125612 DEC	-2 GOR FATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6 C	2 1 3 3
by be	1. DECEASED NAME FIRST (TYPE OR PRINT) REBEC	CCA JANE	KING	20. DATE OF DEATH MONTH 11/19/	7:22PM
ge 4 mo	FEMALE FEMALE	4. RACE WHITE	5. DATE OF BIRTH	92 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
P 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7a. BIRTHPLACE (STATE OR FOREIGN COWNERS) VIRGINIA	76. CITIZEN OF WHAT COUNTRY U.S.A.	WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY FREDERICK	OF DEATH MD.
by the fu	FREDERICK	MEREDIANINURS		170 USUAL OCCUPATION 17HOUSEWIFE WORKING LIFE	126 KIND OF BUSINESS OR IN PIONE
AND 212	13MD ATE 13 FR	DR OTHER INSTITUTION, GIVE RESIDENCE BEFO EDERICK 13WOODSB	ORO 134 Y ESOE CITY LIMITS?	13.3061 MATERS STP CODE	21798.
MARYL red with:	ALBERT SMITH		15. MOTHER'S MAIDEN NA ALIECE BO	WERSOX MIDDLE	LAST
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours printion and completely filled in by apris. Pages 1 and 2 should be fill the medical example.	160 WAS DECEASED EVER IN U.S. A (NO)40 OR UNKNOWN) (IF YEN)	RMED FORCES? 16b SOCIAL SEC 216–88	-1784 CHARLES W.	KING 1636 E	BELVEDERE BLVD. VER SPRING MD
1 2 2 2 2	PART I. DEATH WAS CAUS	ATE CAUSE (o)	car aner	X	BELVEEN ONSET AND DEATH
the attended to the attended t	Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ	NONE		80.749
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN. The low requires that the death certical physician. When this certificate has been signed by the attending as the burial-transit permit. Then please remove that and Mental Hygiene prior to burial, crematorized or tem Jeshaws ony injury, an other remonstrated.		(c)CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	EN IN PART 110
e low req	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH?
SION OF VITA PHYSICIAN. Th ending physicio this certificate I te buriol-transit ad Mental Hygie d or tem 18 sha		HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.)	
IVISION OF OTHER HIS CENTRY OF THE PROPERTY	VALUE OF THE OF	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
Partition of the property of t	sow the Aceped Nive of	pital) attended the deceased from	, and that in (my) (aur) opinion	death accurred on the date and havi	9 that (I) (we) last and from the causes stated
0 0 0 0 1	22b. SIGNATUR	John		MEDICAL STAFF DIRECTOR PHYSICIAN	1175 86
TO HOSPITAL of retained by the TO FUNERAL IS should be detained with the Store IMPRORTANT; If	220. PHYSICIAN T. F. H	ICKEY	PARKVIEW MED	ICAL CTR. FREDER	ICK, Md.
BP	230 BURIADERMATION, REMOVA		MTME HOPETERY OR CREMATORY	23d LOCATO DSBORO	FREDERICK STATEMD
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR HARTZL	ER WOO	DDSBORO, MD	TE REC'D. BY REGISTRAR 25 PREGISTR	Dandson-Kandala



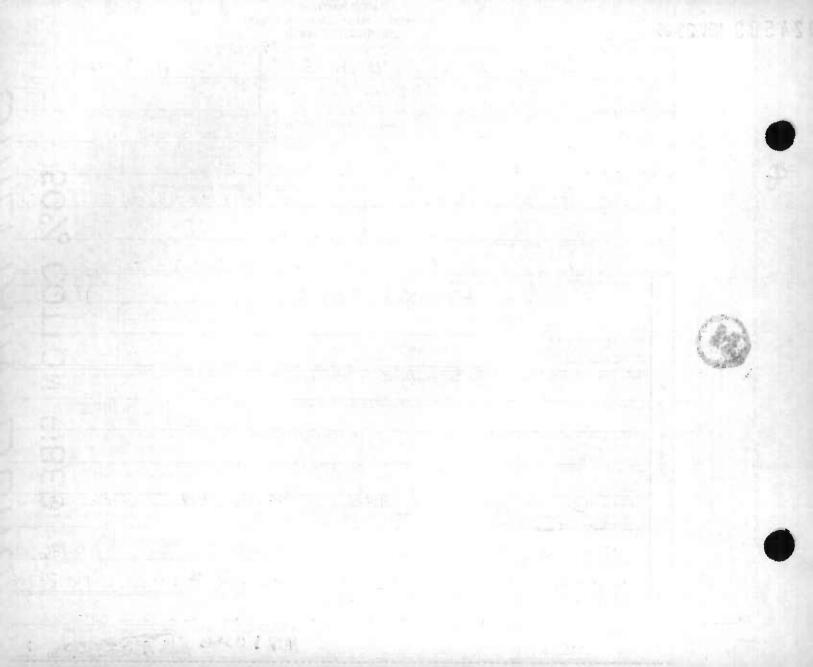
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	I DE	CEASED JAME FIRST		MIDDIE	1	AST	20. DATE OF DEATH	MONTH D	AY YEAR 2	b. HOUR
	(1Abf	NAU	hi E	len		LATE		11 .	19 86	747
	3. SE.	X	4_RACE		5. DATE C		6 AGE (IN YEARS LAST BIR			FUNDER 74 H
		Female	Whi	Lte	Apr	il 7, 1906	80	YRS.	ONIHS DAYS	1OURS M
1	70 B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OI	F WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY C		OF DEATH	
5		Maryland	U.S.	.A.	WIDOWE		Freder	rick Co	ountv	
カ	10 C	TY OR TOWN OF DEATH Frederick	11. NAME OF	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET, EWOOD RETI	G HOME C	OR OTHER INSTITUTION	17a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	ЮИ	126 KIND OF	
1	TISU					to centrer	Not be		Marsin	8
5		AL RESIDENCE (IF NURSING HOMISTATE 136. CC	derick	Frederi		YES X NO	31 West I		st., 2	1701
1 1	14 FA	ATHER'S NAME	MIDDLE	IAST		15 MOTHER'S MAIDEN NAM	WE		LAST	
11		Clarence	V.	Main		Alta	May		Flook	
1		WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	15 Wes	ESS 7 2+1	Street	
1	1		one war or dates	579-09-	0906	Charles V. M	ain. Frank	שלבג טיפ	Md. 217	707
injury, ar amer	NOI	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	(c)_	OR AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART Ita	
2	CERTIFICATION	190. DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING	S USED F DEATH?
X Stem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR A	OF INJURY A.M. MONTH DA P.M.	YEAR	21c. HOW INJURY OCCURE		JRY IN ITEM 18 PA	ART I OR PART 2)	
5 /	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AL WORK	(AT HOME, S	E OF INJURY STREET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR 10	NWC	COUNTY	STAT
em 21 is marked		220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did 27b. SIGNATURE	on Nevemb	the deceased from	<u>Co</u> . 01	nd that in (my) (per) opinion of DEGREE	, to		9, the and from the co	uses state
ZT. ∓		Gest	, 1. Sar	Il L	45	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []		19-8
MPORTANT		Dr. George		Jr. M.D		804 Toll Ho	use Ave 1	Freder	ick. Md.	217
with the State I		BURIAL, CREMATION, REMOV	AL 23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			
14.		"Burial	Nov 22	2, 1986 Re	forme	d Cemetery	Middleto	m, Fre	ederick,	Mar
1/83	24 F	Smith, Keeney	and Bas	sford Tune		ome (IIV)	E REC'D. BY REGISTRAN	256. REGISTA		REIS.
)		106 Bust Ch	rch Str	et. Frede	71 CK	Hd. 21701				



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	. 2 2	II. DE	CEASED NAME	FIRST		MIDDLE		AST	20	DATE OF DE		DAY Y	EAR 2b	HOUR
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	からなり	3. SE	Х		4. RACE		5. DATE	OF BIRTH		AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1		UNDER 24 HRS
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	deoth. Pog		IRTHPLACE STATE OR COUNTRY) MARYLAND	FOREIGN		WHAT COUNTRY	MARRIE WIDOWI	D XX NEVER MARRIED	ורים		CITY OR COL	INTY OF DEA		MD.
	P 24 A	10. C	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	N 12	6. USUAL OC	TUPATION	12b. KI	ND OF B	USINESS OR
=	at 10 16		FREDERICK			CH FACILITY, GIVE STREE I CK MEMOR		OSPTTAL		MANAGE				STATION
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YLA	of the last		ATHER'S NAME	TIKED			4.7	15. MOTHER'S MAIDE				D. / L. I / C	, 0	
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₩, ~	8 87	160	WAS DECEASED EVER	R IN U.S. AF		16b. SOCIAL SEC		17. INFORMANT				RODDY F		111111
MOM	and of the control of		YES, NO OR UNKNOWN)		NE NE	212-18-0	1625	CATHERINE	R. I.	AWLER	THUDWO	NT. MD.		0.0
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AL RECORDS,	he low re on. hos beer t permit. iene prior	CERTIFICATION	190 DATE OF OPERA	ATION	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED		200 AUTOPS		IF YES, WERE F ERTIFYING CA YES	AUSES OF	
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DIVISION OF VITAL	PHYS ending this or the burned Me	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY REET, FACTORY, OFFICE,		21f LOCATION STREET		C	ITY OR TOWN	COUN	ITY	STATE
ia	OR ATTENDING he hospitol or off birectors. After oched for use as fi Dept. of Health or fi frem 21 is marke	5	22a.1 certify the day obaw. If we 22b. SIGNAT July	of the or	itol) ottended th	defeased from	7	DEGREE		th occurred o	n the date and	86 d hour and fro	m the cou	
	TO HOSPITAL retoined by the TO FUNERAL should be det with the Store IMPORTANT:		22d. PHYSICIAN'S N		OR PRINT)	() engs	reass	220 ADDRESS	IAN AT	DIRECTOR			14	180
	Should be should	22-			AUFMAN,		NIAME OF	804 TOLL		E AVE.		ERICK,	MD.	21701
			BURIAL, CREMATION (SPECIFY)							CITY OR I	OWN	COUNTY		STATE
	BP	24 5	BURIA UNERAL DIRECTOR	IL.	111/12			HONY'S SHR		EMMITS		FREDERI	CK	MD.
	DHMH - 16 60M 7/B4 (VRA 15, 4)		NAME 3	ILEY	& SON,	P.A. THUI	RMONT,	MAIN ST. 25 MD. 21788	NOV	1719	86 4	he Dend	wr. R	-dece

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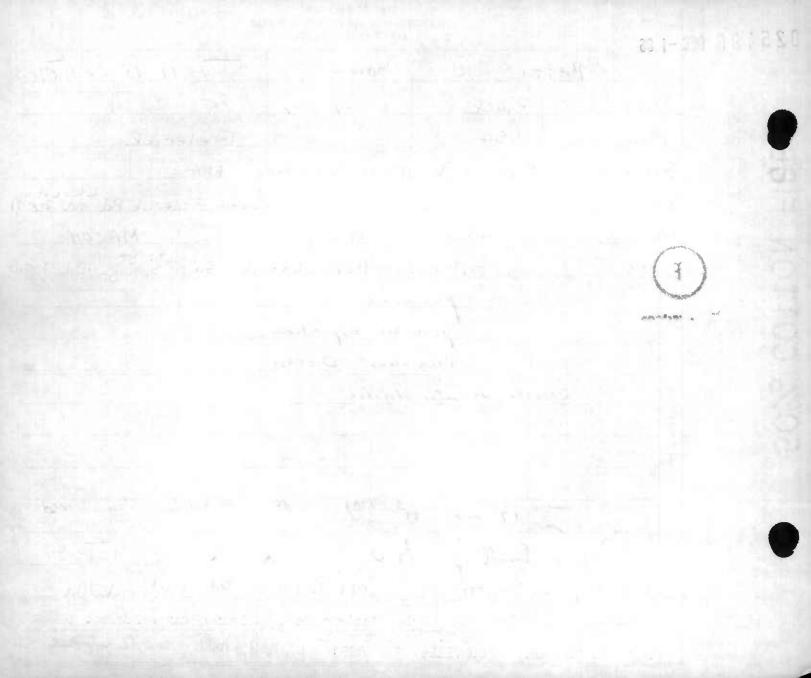
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nay be page 3 er deoth			Jose	ph E	ugene		irch	Sr		11	1 86	5:10P M
. +	3. SEX			4 RACE		5. DATE		Y YEAR	6. AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	HOURS MIN.
ige 4		[ale	251	White		July	21,		48	YRS		
leoth. Po	N	RTHPLACE (STATE OR OUNTRY) laryland		76. CITIZEN OF	A	MARRI	ED	ER MARRIED 🗆		coun	ty,	MD.
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ND 212	13a. S	AL RESIDENCE (IF NUR TATE LTV1and	136 COU	R OTHER INSTITUTION	13c. CITY O	E BEFORE ADMISSION		E CITY LIMITS?	13e.STREET ADDRESS			/ 21758
ALTIMORE, MARYLAND 21 te be executed within 24 ho icion and completely filled is pers. Pages 1 and 2 should be if, the medical examiner must		THER'S NAME		WIDDLE	LA	ST	15. MOTH	ER'S MAIDEN NA FIRST Dorothy			LA	ST
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w requires that the rest to burn of the plant to burn or or burn or	CERTIFICATION	couse (0), stati underlying cause	ng the e last NIFICANT	(c) CONDITIONS C	CONTRIBUTIN	SEQUENCE OF G TO DEATH BU WHICH OPERATION			MINAL DISEASE OR CO	20b. IF YE	S, WERE FIND	INGS USED
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RALDER Hote Dep		1)	Leen		Stern	MD	22e. ADD		MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	11/	8/86
O HOSPITA Tonned by To FUNERA T		Kathl	een	W	Ster		610) Nine	h Ave Bro	insu	nek M	ld 21716
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026278 DEC-8	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYG STATE CERTIFICATE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH	IENE REG. NO.			
nay be page 3	1. DECEASED NAME FIRST MIDDLE LAST (TYPE OR PRESIDENT LINE A MANZELLA MANZ	Nov. 28, 1986 1:05 a M			
Page 4 may director, page bours after a	3. SEX Female 4. RACE 5. DATE OF BIRTH July 23, 1898	6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.			
nerol dir. Po	70. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Trederick MD.			
on offer of the full with	Emmitsburg 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION VILLE ST. MICHAEL, Emmitsburg, Md.				
AND 212	130. STATE 131. COUNTY Frederick 132. CITY OF TOWN LIMITS? YES A NO	13e. STREET ADDRESS 333 S. Se ton Avenue 727			
MARYL.	14. FATHER'S NAME FIRST LAST Salvatrice Salvatrice				
IMORE, brid ca frages 1	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT (YNO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 229-68-4155 Sr. Josephine	ADDRESS -Villa St.Michael, Emmitsburg			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the bean signed by the otheral or proposed and completely lifed in the ord Mental Hygiene prior to busined. Completely make the order of the order order of the order of the order of the order of the order of t	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM				
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TO HOSS retained TO FUN should b with the IMPORTY	George L. Morningstar, M.D. S. Seton Ave	2., Emmitsburg, MD 21727			
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TEN TOR: Or us	2	2a.l certify that (1) (this bosp sow the deceased alive or above, (Hymn) (did) (did he	11/4	19_	\$ /	d that in (my) (ear) apinion of	, to death occurred on the do	ote and hour		that (I) (ve) lost
0 0 0 0 0		26 SIGNATURE	. Sant	92	7.0	DEGREE ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAF	F IAN []	22¢ DATE	SIGNED
TO HOSPITAL (retained by the TO FUNERAL E should be deto, with the State E IMPORTANT: If		Dr. George	I. Sm:			805 Toll H		Fred	. Md.	21701
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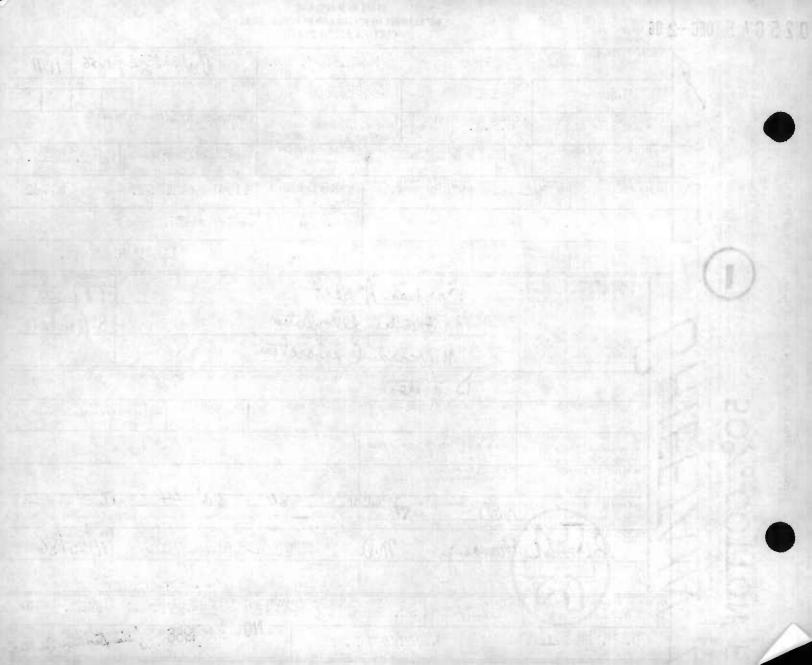
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LAY 67	V NoE	ID. CI	ty or town Lewi:	of DEATH Stown	11. NAME OF HOSE (IF NOT IN SUCH FACE Stull RO	ital, nursing ho ility, give street addre 1. near R	SS)	ER INSTITUTION	12d USUAL OCCUPATION FOR MOST OF WORKING		0	IND OF BUS OR INDUSTR	INESS
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3	2001	Le	eonites	Matute	MIDDLE	LAST			i Trinidad			LAST	
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RECORDS, 201 W. PRESTON ST., D. 8E EXECUTED WITHIN 24 HOUS PRINGHEST IN PERIOD.	MEDIOL DAMPINE ALCONOMAS AS A BURBAL TRANSIT PREMIT ALTH AND MENTAL HYGISHE, D CREMATION, OR REMOVAL.	NON	Condition gave ricause (a lying car	IMMEDIA Ins., if ony, which use to immediate of stating the under use last. IGNIFICANT CONDITIONS	TE CAUSE (a) BIC DUE TO, OR A (b) DUE TO, OR A (c) CONTRIBUTING TO DEATH B	AS A CONSEQUENT AS A CONSEQUENT UT NOT RELATED TO THE	trauma Ce of Ce of TERMINAL DISEASE	OR CONDITION GIVEN IN PAR	V 1 (a).		861	APPROXIMATE TWEEN ONSET	
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9999	AND THE	(:	URIAL, CREMA SPECIFY) Urial	ATION, REMOVAL	236. DATE 11-8-86	23c. NAME OF	CEMETERY O		23d LOCATION CITY OR TOWN	Md.	COUNTY	STA	ATE
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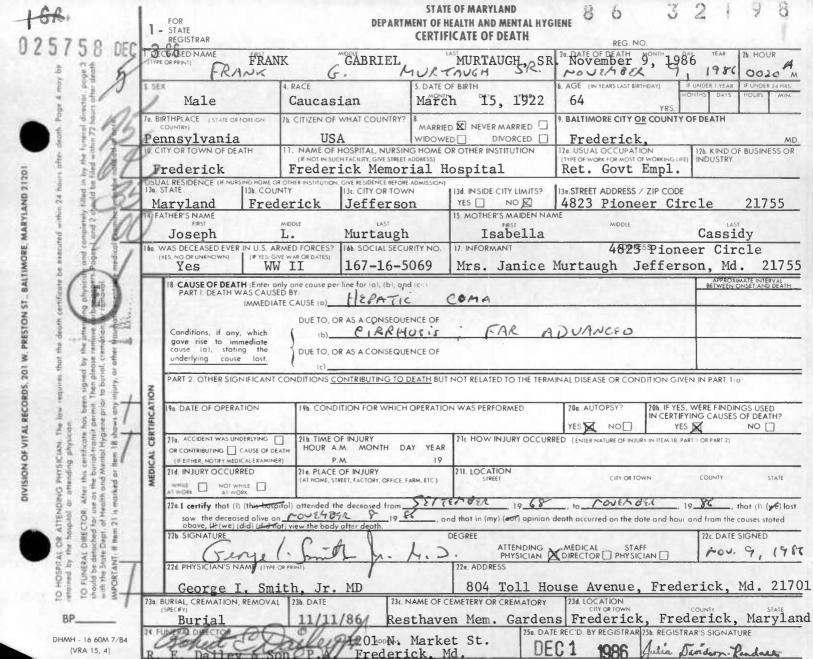
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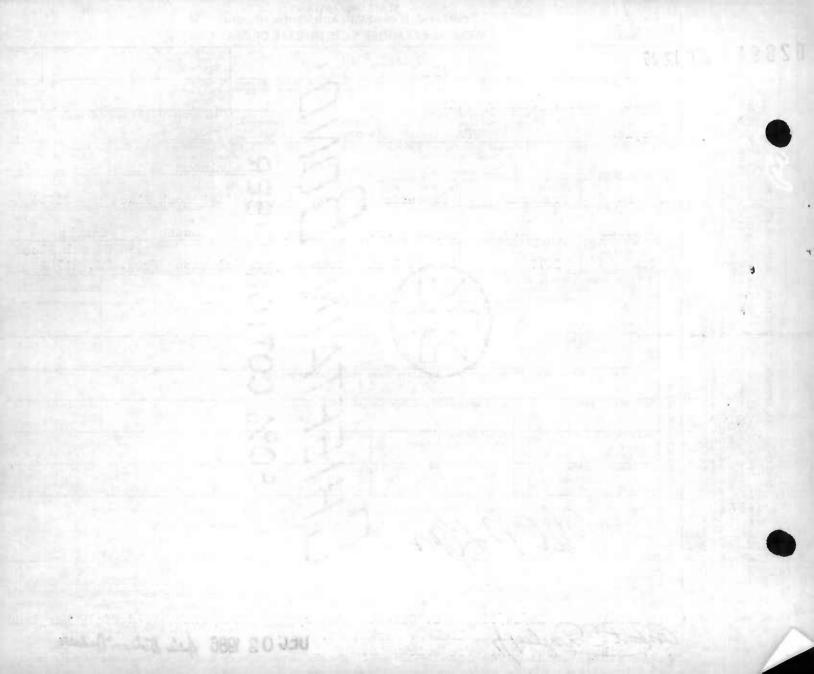
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Page 4 may be director, page 3 nours after death	1	3. SEX	MALE		WHITE	Mals	5. DATE C	/26/00 v	EAR 6	AGE LIN YEARS LA	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certilizates executed within 24 hours of a citeraling physician. Ifter this certificate has been signed by the aftending the manual completely filled in by as the burial-iransit permit. Then please remove carbon appears the proof 2 should be file.	Mustra	MD	L RESIDENCE TATE	(IF NURSING HOME OF	ERICK 1	ILEBERTA	PRE ADMISSION)	13 F GIDE CITY LIV		1.1941age	OUTH ST.		21762
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IVISION C	Ith and Menta arked Ox Hem	MEDICAL	21d. INJURY C	NOT WHILE AT WORK	218. PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFIC	E. FARM, ETC)	21f. LOCATION STREET		CITY	OR TOWN	COUNTY	STATE
00 4 9	of Health 21 is ma			that (l) (this haspit deceased alive on) (we) (did) (did not			CILV	nd that in (my) (our)	SO opinion de	to MOV -	the date and hou	r and from the	that (I) (we) last causes stated
	ite Dept. F. If Item		22b. SIGNATO	ernard O	Humas	トない	mil	DEGREE ATTEN	DING	MEDICAL DIRECTOR PI	STAFF	11/1/1	SIGNED
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	(VR A15 ME (5))	BL.	E. Dail	tey & Son	1. 11/	A. F	reder	cick. I	1d. 2	T/ULT		2 136	your share	on Proposition	2 - 18 - 1		



Skiles Funeral Home, Emmitsburg, MD 21727

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DHMH - 16 60M 7/84

(VRA 15, 4)

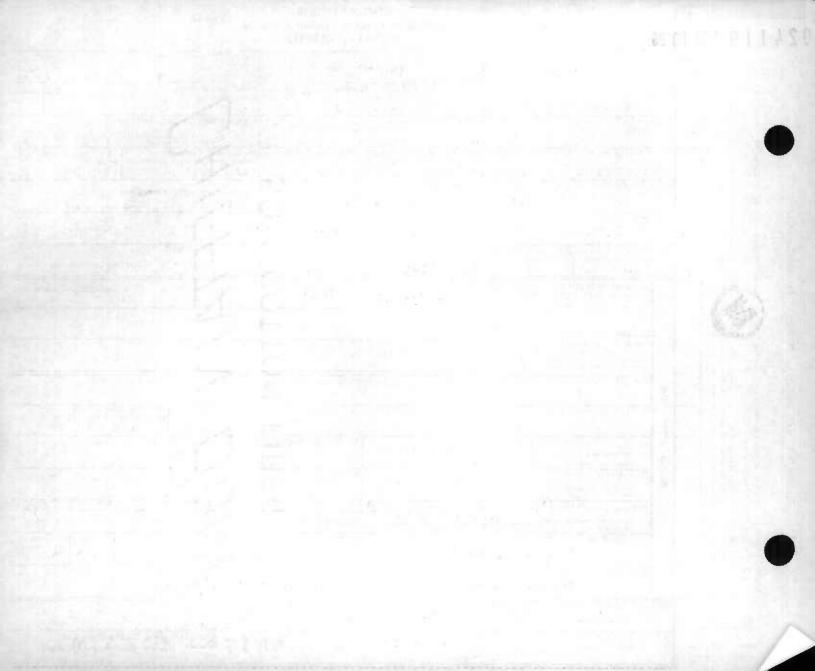
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2a. DATE OF DEATH November 9. 10:30p BALTIMORE CITY OR COUNTY OF DEATH Frederick County 126 KIND OF BURNESS OR Clergy of Men 13e.STREET ADDRESS / ZIP CODE Kelly 17 INFORM Siminary, Emmit & Burg, Md 21727 Rev. Anthony Manochio, Mt. St. Mary's

22c. DATE SIGNED

9 November 86



1 9 NOV 1	1	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND SEALTH AND MENTAL HYP SICATE OF DEATH	GIENE & 6	3	2 2	0	
9		CEASED NAME FIRST	0	MIDDLE	11	AST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR				
5 2 5		[149		360	Palmo			11 8	8 86	12 0	
4 4	3.58	X.	4 RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HR	
and		Female	White		Oct.	30, 1946	40	YRS.			
BC 20	7a. B	IRTHPLACE STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8. MARRIE	NEVERMARRIED	9. BALTIMORE CITY O	R COUNTY O	F DEATH		
1000	-	Md.	U.S.		WIDOWE		Freder			N	
64		rederick	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)	or other institution 1 Hospital	12g USUAL OCCUPATION OF COMMON TO THE COMMON	F WORKING LIFE)	12b. KIND O INDUSTRY OWN h	of Business o	
tilled in	13a.	AL RESIDENCE I F NURSING HOME STATE Md. 13h COI Fre		GIVE RESIDENCE BEFOR	E ADMISSION)	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE		.718	
11/11	_	ATHER'S NAME				15. MOTHER'S MAIDEN NA	AME				
#00		John	WIDDLE	Hart		Rose FIRST	T . MIDDLE	S	antan	igelo	
S = 10 /		WAS DECEASED EVER IN U.S. A		166. SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS			
50 9	1	YES, NO OR UNKNOWN) (IF YES, (GIVE WAR OR DATES)	219-44-4	4741	Gerald Pal	mer Burki	ttsvi	11e.	Md.	
has been signed by the day permit. Then please immo ene prior to burial, cremation sws.poy injury, or other traumat	CERTIFICATION	Canditions, if any, which gave rise to immediate cause 1a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN: 19a. DATE OF OPERATION	(b) DUE TO, O		ENCE OF	NOT RELATED TO THE TER/	MINAL DISEASE OR CON 200 AUTOPSY? YES TI NOTI	20b. IF YES, V	WERE FINDI		
	1 1	21a. ACCIDENT WAS UNDERLYING				2 Ic. HOW INJURY OCCUP		1		ПО	
certificate urial-transif Nental Hygi		OR CONTRIBUTING CAUSE OF D	EATH	M. MONTH D.	AY YEAR						
the burial-tr and Mental sed or Item	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION	CITY OR TO		COUNTY	STATE	
	Z	WHILE NOT WHILE AT WORK	AT HOME, STI	REET, FACTORY, OFFICE, F	ARM, ETC)	SIKEEL	CHYOKIO	W/N	COUNTY	STAIL	
DR: Afti		220.1 certify that (1) (this has		e deceased fram_	, ,	19 85	to Nos	. 19	86	that (I) (we)	
2 to		saw the decoased aliver abave, (1) (we) (did) (did	n not) view the body	after death	01	nd that in (m) (aur) apinian	death accurred an the de	ate and haur a	and from the	causes states	
DIRECTOR DEPT.		226. SIGNATURE				DEGREE			22c. DATE	101	
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thould be def		22d. PHYSICIAN'S NAME (TYP)	had Beh			22e. ADDRESS	four MARY	(mp	,		
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MH - 16 60M 7/B4 (VRA 15, 4)	24. F	uneral director Indompson Fi	neral H	Middle Tomb	etown	, Md.21 7890	EREC'D BY 1986 RAR	250. REGISTRA		URE	



	1		STATE OF MARYLAND 8 6 3 2 2 0 3
0010	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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25	(TYPE	OR PRINT)	MIDDLE 10. DATE OF DEATH MONTH DAY YEAR 26 HOUR
4 40		VITGIN	11A LUVENIA Troclor NOV 13 1986 16:49 Am
8 8 4	1.5E	-	4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
90 00 11		+,	B Whe 6 1908 78 YRS MONTHS DATS HOURS MIN.
4 500		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? A MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
		Ma	MIDOWED DIVORCED TYRDEN TO MD.
1 11/11	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 178 VICTOR OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR WO
a Tolland	T	TRARYING HOME O	Hoederick Mem Hospi Domestic
2 2 2	Unu:	TALL SIDENCE (IF NURSING HOME O	INTY 13. GITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS / ZIP CODE
3 7 9	10.0	THER'S NAME	derich Adamstown YES NO & 2905 FLINTAIL Rd 2/7/0
4 1 17/17	ie.r.	FIRST	MIDDLE LAST MAIDEN NAME MIDDLE LAST
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¥ 5 62 6		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF CUTO NECES OLISEASE, ANY DEN CHIERYSTITIS
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8 1 11 17	F	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED
1 111 X	THIC	11/12/86	HESECTION THE CLATICE STULY TEST NOW YES NOT NOT
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ON STATE	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY 21f. LOCATION
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0 40 A		22a I certify that (I) (this hasp	oital) attended the deceased from
Party		saw the deceased alive ar	n 19 4 , and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated
The part of the pa		27b. SIGNATURE	DEGREE 224. DAJE SIGNED
A the part of the		Wilholas	p 16th Me ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 11/14/56
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23 47 5 5	23a E	URIAL, CREMATION, REMOVAL	CITY OF TOWN
BP		BUNIAL	NOV 11, 1980 Hope LAND, Hopehill Frederick ind
DHMH - 16 60M 7/84	24 FL	NERAL DIRECTOR	ADDIESS ADDIES 250 DATE REC'D. LY REGISTRAR 256 REGISTRAR'S SIGNATURE
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offer	3. SE)	Female	4. RACE Whi	te	5. DATE C	24, 1925 YEAR	61	.^	MONTHS DATS	HOURS MIN.
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popers. lovol. ent, the		18 CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSI	nly ane cause p ED BY:	er line for (a), (b), a	nd ich	-/ n × 5	1-0		BEDWEEN	IMATE INTERVAL ONSET AND DEATH
hen please remove corbinate please remove corbinate burial, cremotian, arriving a plury, or other traumotic	No	Canditians, if any, which gave rise to immediate cause (a), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT	(b)_ DUE TO,	OR AS A CONSECU	JENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIV	EN IN PART 110	<u>Q</u>
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olth and Me marked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TOV	VN /	COUNTY	STATE
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detoched tote Dept.		22b. SIGNATURE	Hy	w			MEDICAL STAF	F IAN 🗌	22c. DATE	SIGNED 3/86
should be det with the State IMPORTANT:		Dr. Rober	/	ighes		700 Monte 1	aire Ave.,	Frede	rick. M	d. 21701
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DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR Smith, Keeney & Basford Funeral Home 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 106 East Church St., Frederick, Md. 21701

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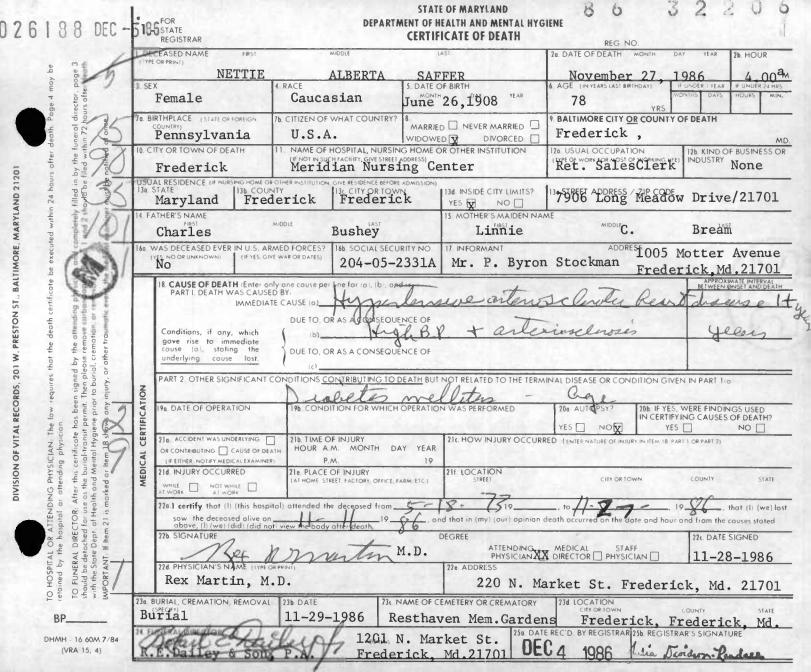
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los Lone Charch St., frederick, Fc. 21701

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ector.	F White St 20 32 54 YRS. MONTHS DATS	IF UNIOER 24 HRS
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LAND 21 nin 24 ho ly filled in should be	AL RESIDENCE (IF NUE	1999
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aLTIMOR ond ond the medic	no n/a 227-36-8229 Herbert A. Rowland, P.O. Box 473C Rt	ATE INTERVAL
N ST., B.	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Colon Cancer Metastatic to Liver	CSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the death certificate has been signed by the ottend of the burial-strongs permit. Then please remove contributed Mental Hygiene prior to burial, cremation, a removed or them 18 shows only injury, or other troumatic even	Conditions, if ony, which gove rise to immediate couse (o), stafting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (b) Hepatic Fail UTE DUE TO, OR AS A CONSEQUENCE OF (c)	
ECORDS, 20 ow requires ow requires rmit. Then pl prior to buri	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDING CAUSES OF CONDITION OF CAUSES OF CAUSES OF CONDITION OF CAUSES OF CAUSES OF CONDITION OF CAUSES OF	GS USED
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L OR ATTEND the hospital or DIRECTOR: A toched for use to Dept. of Heal	221. Certify that (1) (this hospital) attended the deceased from 1/24 1986, to 1/27 1986, the saw the deceased alive on 1/27 1986, and that in (my) (aur) opinion death occurred on the date and hour and from the coopove, (11) (we) (did) (did not) view the body after genth. DEGREE A D ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICI	
TO HOSPITAL etoined by the TO FUNERAL should be det with the Stote IMPORTANT.	Tohn W. Smith II 220. ADDRESS 335 Park Ave, Frederick, Ma	121701
9999	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHY OR TOWN COUNTY CHOCK OF CHARLES AND CHESTER 25b. REGISTRAR'S SIGNATURE 25c. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25c. DATE REC'D. BY REGISTRAR'S SIGNATURE 2	STATE VA
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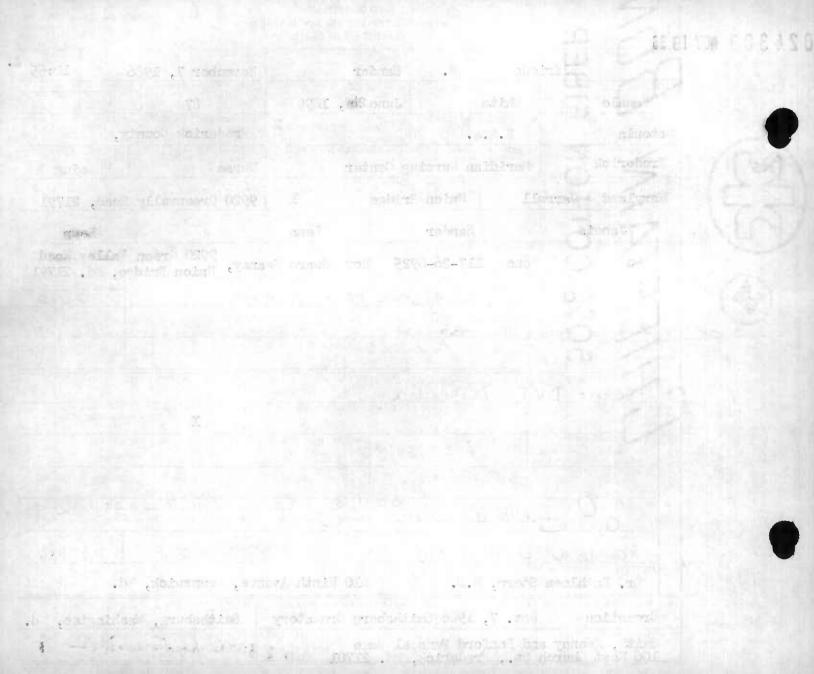
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Bould by	M	ALRESIDENCE (IF NUR OME OI STATE COUL aryland	OTHER INSTITUTION GI	3c CITY OR TOWN	١ ١	YES NO 🔼	13e STREET ADDRE	ss / ZIP CODE envally	Road,	21791
1 150	14. FA	THER'S NAME Janois	MIDDLE	Sander		15 MOTHER'S MAIDEN NA/	ME	LE	LA'	SI
p File	160 \	VAS DECEASED EVER IN U.S. AR		66 SOCIAL SECUR	OIA VIIG	17 INFORMANT	AF	DRESS	اباد	ерр
broad 1	(1	YES, NOOR UNKNOWN) (IF YES, GI	None 1	17-26-69	25	Roy Edward He	aney, Uni	O Green Lon Brid	Valle ge, Md	y Road 21701 KIMATE INTERVAL ONSET AND DEATH
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY.	ne far (a), (b), and	IC.	heart fail			BETWEEN	1
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g physics g physics entificate riol-tronsi ental Hygistem 18 st	CAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M.	INJURY . MONTH DA'	Y YEAR	216 HOW INJURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM 18 PA	RT OR PART 2)	
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TAL OR yy the ho	53	Rath Leen	w Sten		(MEDICAL DIRECTOR PH	STAFF YSICIAN []	22c. DATE	7 86
TO HOSPITAL retained by the TO FUNERAL should be determined with the State IMPORTANT:		Dr. Kathleen	Stern, M			610 Ninth Ave	enue, Brur	iswick,	Md.	
BP	(SURIAL, CREMATION, REMOVAL Cremation				metery or crematory rg Crematory		burg, W		
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	Smith, Keeney a 106 East Church	and Basfo	rd Funer	al Ho	me low a	B : DOD g	AR 25b. REGISTR	AR'S LIGNA	URE



24	9 3 NOV	21 8	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH	8 6 3 2 2 0 8 REG. NO.
			VDE OD DOW A:	OF DEATH MONTH DAY YEAR 26. HOUR P
	od the		BEULAH FROST SARGENT NOV	TEMBER 16,1986 5:58 M
	2 2 4	2		NYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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10	ato control of	10		AL OCCUPATION ORK FOR MOST OF WORKING LIFE) NAME NAME NAME NAME NAME NAME NAME NAME
ND 2120	24 hour	3 13	JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN HOWARD 130. STREE 4376	ADDRESS / JIP CODE 20833
1	Andrew Andrew	20	FATHER'S NAME JOHN - MIDDLE FROST LAVINIA	- DUCHEMIN LAST
	Poper !	2 160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (1F YES, GIVE WAR OR DATES) 016-20-8188 WARREN G. SARGENT	SAME AS #13
IDS, 201 W, PRESTON ST.,	quires that the death certific vigined by the attending phy Their places remove corbonal to buried, cremation, or remover, you other traumatic even	NO	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE.	
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TO HOSPITAL retained by the TO FUNERAL should be determined to with the State IMPORTANT: If		ALAN	CARROLL, M	MD.	WITE.	s.	SETON AV	E. EMMITSE	URG, I	MD. 2172	7
Z = Z × Z		URIAL, CREMATION, REM				ME OF CEMETERY		23d LOCATION	1	COUNTY	STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)		BERT E. DAIL	EY & SON,	P.A.	DRESS.	E. MAIN MONT, MD.		NOV 1 7		ISTRAR'S SIGNAT	

M Ma

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE 1125248 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO DECEASED NAME 20. DATE KNOWN LEYPE CHE PRINT) MICHAEL Lynn SOUDERS. DEATH MATED 18 19 86 4 HACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS 74 HOUR DATE LAST BIRTHDAY) MERAL DIRECTOR YOUR 10,50 A M PRONOUNCED Male White Nev.15.1958 28 DEAD 18 1986 76. CITIZEN OF WHAT COUNTRY AN HIRTHPLACE CLIME OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED IN NEVER MARRIED West Virginia U.S.A. Frederick County DIVORCED WIDOWED III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Frederick Memorial Hospital Custedian Frederick School LALLES DENCE BEFORE HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL H36 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 113e STREET ADDRESS Wash. Hagerstewn YES [NO X Rt. 9. Box 348 21740 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Charles L. Souders Marlene Clark R. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) 213-72-7895 Mrs. Cathy J. Seuders, Hagerstewn, Md. no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PRESTON ST PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XOR 6:15xx 11-18- 10 86 Driver of auto/auto collision. CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE road Frederick, New Design & Adamstown Rd., MD 220. I certify that I took charge of the remains described above, held on Autopsy Inspection death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL GE 4 SHOU FUNERAL IPR DEATH. 11-18-86 Deputy SIGNATURE EXAMINER'S NAMI Dixon, M.D. Ann M. ADDRESS 111 Penn St. Balto., MD 21201 40 23c. NAME OF CEMETERY OR CREMATORY STATE Buria] Nev.21,1986 Bethel Cemetery Cascade, Wash., Md. 07/84 25M 24 FUNERAL PRECTO 25g. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE **DHMH - 17** Davis Funeral Home, Smithsburg, Md., 21783 (VR A15 ME (5)) Dividion. Pa

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TO HOSPITAL OR ATTENDIN retained by the hospitol or of TO FUNETAL DIRECTOR. Aft though as detoched for use or tit this State Dept. of Health MPORTANT: If hem 21 is more	220	22a. I certify that (I) sow the decease above. (I)—(We) (c) 22b. SIGNATURE	(this hosping definition of the latest and l	smith,	Jr., M	10 A M	DEGREE ATTENDI PHYSICI 222 ADDRESS 804 To1	ING ME IAN DIR	occurred on the do	F	22c. DATE	SIGNED . 77, 1988
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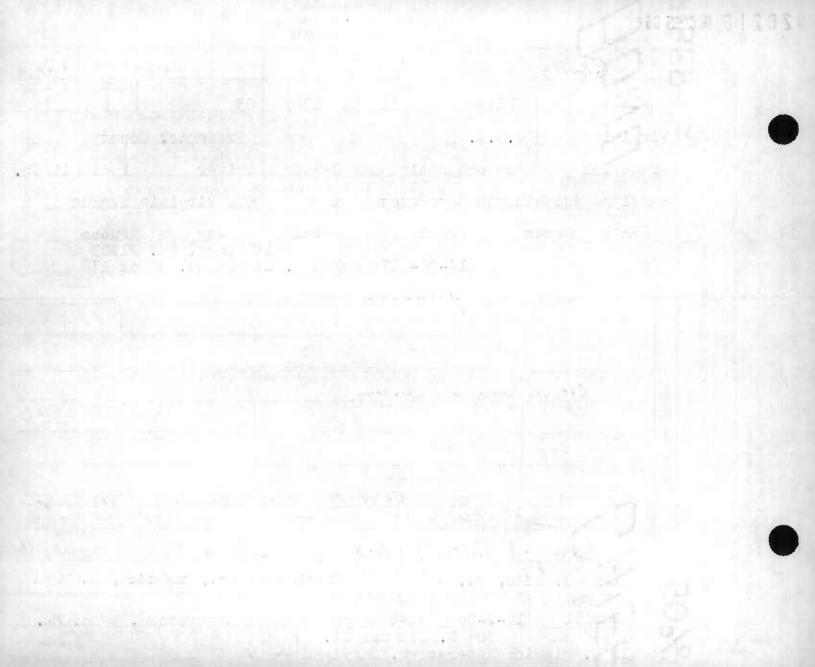
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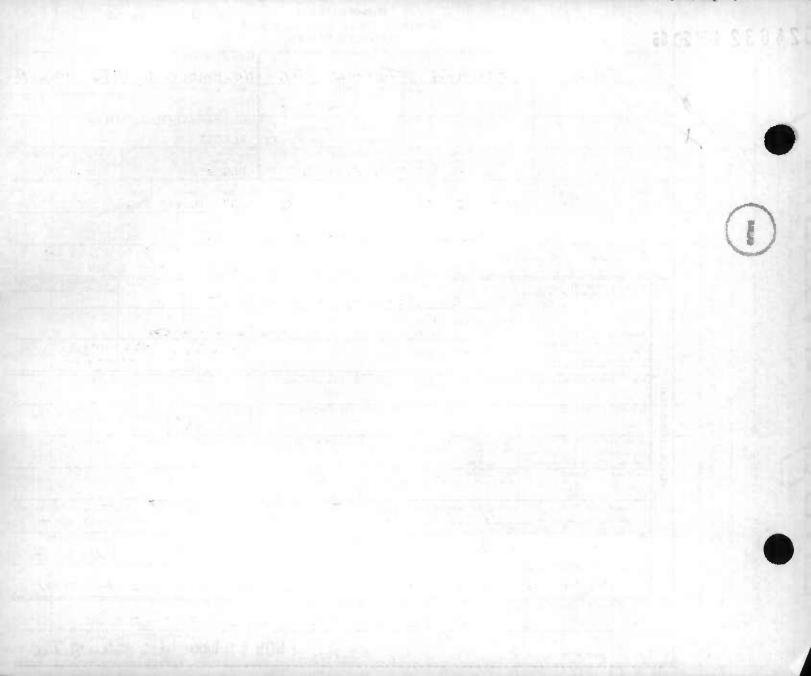
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R ATTEND hospitol o RECTOR. A RECTOR		saw the deceased above, (J) (we) (did	alive on 2	8 nov-	19 86	and that in (my) (cort opini	on death accurred on the dat	e and hour and from th	he couses stated
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5 5 5 3 X		BURIAL, CREMATION, RE	MOVAL 23b.	DATE	23c. NAME OF	CEMETERY OR CREMATOR	RY 23d LOCATION		
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ARY day	111	177.55	FIRST		MIDDLE	LAST		FIRST	MIDDLE		LAST	
¥ 2 66	100		Samue1		Α.	Ki		Martha			Ga11	ion
	gico /		VAS DECEASED EVER		RMED FORCES?	16h SOCIAL	SECURITY NO.	17. INFORMANT	ADDRI	ss 379 F	ranklin	St.
W	1/	,	No	(100,0		212-14	4-7684	Karl L. Tay	lor - Harris	sonbura	. Va. 2	2801
4 / 1 1 3	3 4 '		18 CAUSE OF DEATH	H (Enter o	niv one couse per	line far (a), (b), and (c).)		Α			TE INTERVAL
3 12	and a		PART I. DEATH W	AS CAUSI	ED BY:	- 1		vascular /	+ ccident.	-	G A	DUC
2 5 5 5	2 4			IMMEDIA	TE CAUSE (a)		0,000		Hemmo	ic	100	- my 3
Of the part	- 1				DUE TO, O	R AS A CONSI	EQUENCE OF		HEMMIN	rujic		
g 90 10 0	000		Canditions, if any, gave rise to imm		(b)_							
2 4 41	1 1		cause (a), statin underlying cause	g the	DUE TO, O	R AS A CONSI	EOUENCE OF				17 18	
the the	ol, c		underlying coose	idst.	(c)_					- 2/3		
6 6 6	3 5	7	PART 2. OTHER SIGN	IFICANT	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 10	
8 5	2 5	CERTIFICATION									10.00	- 100
1 1	110	Q.	9a DATE OF OPERAT	ION	19h COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	VERE FINDING	SUSED
Me no	IDX	E							YES NO	YES		NO
7 2 2 2	0 0	8	21a. ACCIDENT WAS UND		21b. TIME C			21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
事 事	2 1 /	1000	OR CONTRIBUTING C				DAY YEAR					
Z Sup out	3 4/	MEDICAL	21d. INJURY OCCUR			M. OF INJURY	19	211 LOCATION				
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN The Idea requires the otherdring physician. Ifter his certificate has been signed it set his certificate has been signed it.	g g	N.	WHAT I'T NOT WH	ILE []	(AT HOME, ST	REET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
No Se	41		AT WOR	K			A 5 5	1 5	Aller	1/	C/	
Z = 6 5	1 to 1		220.1 certify that				am No				tha, tha	it (1) we) last
E 9 53	\$ 60	13	sow the decease above, (1) we) (a	lid) (did n	of) new the body	after death.	19 <u>00</u> , o	nd that in (aur) apinian	death occurred an the de	ote and hour a	nd fram the cau	ises stated
東京 東京	0.0		226. SIGNATURE		- 0			DEGREE			27c. DATE SIC	SNED
74 78	7 m		\sim	16	mean	nd	1	ATTENDING	MEDICAL STAI	F IAN \square	11/2	17-81
HOSPITA Sed by FUNERA	8 X T		22d. PHYSICIAN'S NA	ME (TYPE	OR PRINT)			22e ADDRESS	CAD INCOME THIS			
De 25	ORTA		1	K	(N CAN	D		1012 ALL	NTM AUE	Re	CANSWICK	EIND
0 to 0 to	13/	22	UIDIAL COST				22	1 0		1 -		(1)
		Z30. 1	BURIAL, CREMATION, SPECIFY) BURIAL	REMOVAI		4.		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		OUNIY	STATE
BP	_				11/29	/86	Germanto	own Church Ce	1			
DHMH - 16 6	50M 7/84		JNERAL DIRECTOR			ADDR	FSS	1350 (QA	TE REC'D, BY REGISTRAR	256. REGISTRA	R'S SIGNATUR	
(VRA 1:		Jo	hn T. Will	iams	Funeral	. Home	BRUNSWI	CK, MD. 4LO	00 1300 Am	in Dende	A Section of Concession	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

THOMPSON

REG. NO 20 DATE OF DEATH 2b HOUR 5:00 November 2 6 AGE (IN YEARS LAST BIRTHDAY YRS BALTIMORE CITY OR COUNTY OF DEATH Frederick County. 126 KIND OF BUSINESS OR INDUSTRY Dairy Farmer Farming 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 12302 Lime Plant Rd. 21771 15. MOTHER'S MAIDEN NAME Nannie Norwood 11650 Old Annapolis Rd. John I. Thompson, Sr., part 2. Other significant conditions <u>contributing to death</u> but not related to the terminal disease or condition given in part 1(0 20a AUTOPSY7 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTA 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) opinion death occurred an the date and have and from the causes stated 22¢ DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 220 North Market Street, Frederick, Md. 2170 23c NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery Monrovia, Frederick, Maryland

DAGE ASED NAME FIRST Roy James 4 RACE 3 SEX

- STATE

REGISTRAR

Male

Mount Airy

Maryland

14 FATHER'S NAME

CERTIFICATION

MEDICAL

WHILE

Buria

160 WAS DECEASED EVER

LYES NO OR UNKNOWN

BIRTHPLACE (STATE OR FOREIGN

Maryland

10 CITY OR TOWN OF DEATH

White

5 DATE OF BIRTH 75 CITIZEN OF WHAT COUNTRY?

Feb. 7, 1906

MARRIED NEVER MARRIED

NO X

WIDOWED DIVORCED

211 LOCATION

DEGREE

STREET

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Line Plant Road

Frederick

U.S.A.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130 COUNTY
131 COUNTY

Mt. Airy

Thompson

166 SOCIAL SECURITY NO 217-36-4009

17 INFORMANT

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) IMMEDIATE CAUSE (a)

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

P.M

cause (o), stating underlying cause

PART I. DEATH WAS CAUSED BY

Conditions, if any, which gove rise to immediate

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR

21e PLACE OF INJURY

(IF EITHER NOTIFY MEDICAL EXAMINER) AT HOME STREET, FACTORY OFFICE, FARM ETC]

214 INJURY OCCURRED

NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from

sow the deceased alive an abave, (I) (we) (did) (did not view the body after death. 22h. SIGNATHER

Dr. Rex R. Martin, M.D.

23a BURIAL, CREMATION, REMOVAL

106 Fast Church Street, Frederick, Md

Smith, Keeney and Basford Funeral Home

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TTTS .. HE THE MAY SOURT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20. DATE OF DEATH 25 HOUR TYPE OR PRINTI GOLDA MAE ELIZABETH UTTERBACK 4 RACE S DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY SEX MONTH VEAD DAYS **FEMALE** WHITE 11 1914 07 72 Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY FREDERICK MD **IISA** WIDOWED DIVORCED B CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ETYPE OF WORK FOR MOST OF WORKING LIFE 911 Shawnee Drive HOMEMAKER FREDERICK USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 911 Shawnee Drive, 21701 FREDERICK MD FREDERICK YES X NOF 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST FIRST CLEM CORA CHARLES WEDDLE ADDRESS Frederick, MD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) LYES NO OR UNKNOWNI 6811 Sunnybrook Drive 217-32-6121 Kathleen M. Heim NO N/A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION 9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NOF 71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY STREET CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from, Nev. sow the deceased alive on above, (1) (we) (did) (did not) view and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LIVE OF PRINTS 22e ADDRESS 25ch 10 21 Ku Sav 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE (SPECIFY)

DHMH - 16 60M 7/B4

d b IMPORT

24 FUNERAL DIRECTOR G. DOUGLAS STAUFFER 1621 Opossumtown Pike, Frederick, MD 21701 (VRA 15, 4)

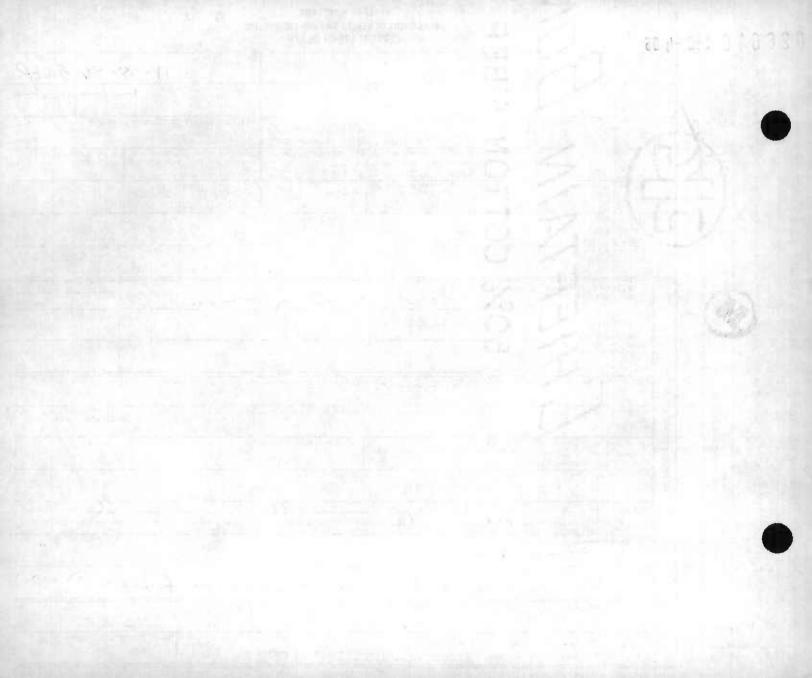
BURIAL

12/2/86

CITY OR TOWN ST. PAUL'S LUTHERAN UTICA

FREDERICK MD

BY REGISTRAR TO REGISTRAR SSIGNATURE Dia Deviden &



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Dr. Arte m I. atth, M. II Was Lead out the Jane M. Miller

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

		STATE REGISTRAR			DEI ARTI		ICATE OF DEATH	REG. NO	D.		
ł		PASED NAME	FIRST	1	AIDDLE	· ·	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	(ITFE C	ok PRINT)	Walle	ace Va	ughan	le)arner	il-	6	96	16 55 A M
1	3. SEX			4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	(HDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
	7	male.		W	r	HTMOM L		84	YRS.	DATS	HOURS MIN.
1	CC	THPLACE (STATE DUNTRY)	OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	DE NEVER MARRIED	9. BALTIMORE CITY OF Frederic	-		MD.
	Fre	y OR TOWN OF E		mericles	HEACILITY, GIVE STREET	ADDRESS) CF T	rect md	(TYPE OF WORK FOR MOST O Pressman	on f working life) n	12b. KIND O INDUSTRY New	spaper
3	13a S1		13b COUN		GIVE RESIDENCE BEFORE 130. CITY OR TOW Freder	N .	13d. INSIDE CITY LIMITS? YES 🚺 NO 🗌	13e.STREET ADDRESS /		h St.	21701
1	14. FA1	THER'S NAME FIRST	inles	MIDDLE	Wa	rrur	15. MOTHER'S MAIDEN NA	WIDDLE		raft	700
		AS DECEASED EV (S., NO OR UNKNOWN)		MED FORCES?	212-10-		Jessie M. W	arner S	Same		
		18 CAUSE OF DE PART I. DE ATH	WAS CAUSE	nly one couse per D BY: IE CAUSE (0)	line for (a), (b), on		umpnia			BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if o		DUE TO, OI	R AS A CONFIGUR	LLD/	ovaquelar	Accided	t	1	984
		underlying car		DUE TO, OI	R AS A CONSE O UE	ENCE OF					
		PART 2 OTHERS	GNIFICANT	CONDITIONS <u>CC</u>	NTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	ninal disease or coni	DITION GIVEN	IN PART 11	
2	CERTIFICATION	90 DATE OF OPE	RATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
1	CER	21a. ACCIDENT WAS	UNDERLYING	216. TIME O	F INJURY	AV VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM TB PART	OR PART 2)	

HOUR A.M. MONTH YEAR DAY

211 LOCATION

21e. PLACE OF INJURY

opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

226 SIGNA DEGREE 22d. PHYSIC

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

STATE

COUNTY

230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial Nov. 10,1986

(IF EITHER, NOTIFY MEDICAL EXAMINER)

23c NAME OF CEMETERY OR CREMATORY Greenmount

72e ADDRES

Baltimore City, Maryland

24 FUNERAL DIRECTOR

FOR

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

P.M.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

morked or Item 18 shar

MPORTANT: If Item 21 is

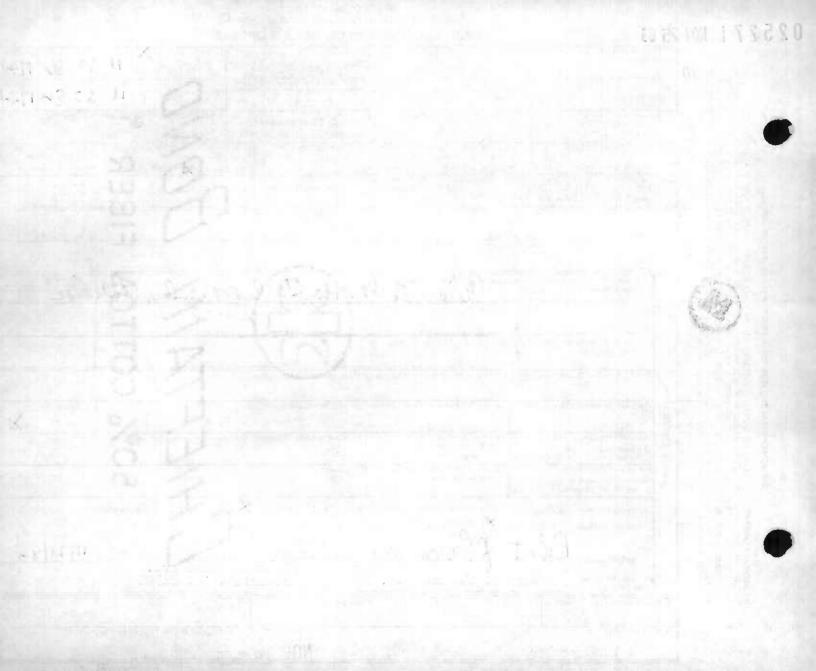
MEDICAL

STATE OF MARYLAND 25 STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 1. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-E FUNERAL DIRECTOR.

E 5, POR YOUR FILES.

D, WITHIN 72 HOURS

TON STREET, DEATH MATED 01iver Jacob Weddle. 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 65 Male White BIRTHPLACE (STATE OF Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Marvland U.S.A. WIDOWED DIVORCED Frederick ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY disabled veteran Frederick Frederick Memorial Hospital 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 21757 Kevmar Frederick Marvland 11725 Legore Bridge Rd 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME VE PAGE.
H FORM PA.
PAGES 1 AND 2
VION OF VI FIRST MIDDLE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, 01iver Weddle Jacob Mande Williar 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17. INFORMANT 11725 Legore Bridge Rd. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WW 219-05-8589 Mary H Weddle Keymar, MD 18 CAUSE OF DEATH (Enter only one cause pi PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last BE USED AS A BURIAL NT OF HEALTH AND MI BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION ICATE, WRITING THE WORD "PEI FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIĞR TO BÜRRAL, C 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST.
BALLIMORE, MARYLAND, 2 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my opinian Natural causes Homicide Undetermined manner TITLE (SPECIFY) Deputy SIGNATURE 812 Toll House Ave. EXAMINER'S NAME Robert J. Thomas, M.D. Frederick, Md. 21701 (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial 11/24/86 Oak Hill Cemetery 07/84 MD Frederick 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** D. D. Hartzler (VR A15 ME (5)) Woodsboro, MD Diridion P. 1



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

O	0	5	Con	En	La	

STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME BERNARD FREDERICK WETSHAAR

7g DATE OF DEATH MONTH 1/11/08/866 20 IF UNDER 24 HRS 94

REG. NO

130.STREETZADDRESSLEIPAPE.

WHITE MONTH 01/19/92 YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED TINEVER MARRIED FREDERICK

INTHPLACE ISTATE OR FOREIGN WIDOWED W DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH FREDERICK

"MERIDIAN "NURSING HOME OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

5. DATE OF BIRTH

12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR

CHARROLL 13c. CNEW TWINDSOR GEORGE FRANCES WEISHAAR

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (6)

4. RACE

CARDIAC ARREST

15. MOTHER'S MAIDEN NAME IDA THERESA ENGLAR

ADDRESS

(YESNOOR UNKNOWN) (IF YES, CNOAFER DATES)

166 SOCIAL SECURITY NO. 212-03-0529

17 INFORMANT JANE SIPES

303 MAPLE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

LAST

21776

	H			
Condi	tions,	if	ony,	which
gove	rise	to	imm	ediate
couse	(0),		toting	g the
under	MIDO		muse o	lact

MALE

USUAL RESIDENCE (IF NURSING

DUE TO, OR AS A CONSEQUENCE OF PREVIOUS MYOCKEDIAC INFARCTION

DUE TO, OR AS A CONSEQUENCE OF

ARTEMOSCIONONE HEITER DIFERSE, CHRONIC FALUNC

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IS

GENERA4260	ARTEMOSCLE	20515
DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION WAS PERFORMED
In ACCIDENT WAS UNDERLYING	71h TIME OF INJURY	21c HOW INJURY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE

HOUR A.M. MONTH DAY YEAR P.M 71e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

NOF

211 LOCATION

COUNTY CITY OF TOWN

STATE

sow the deceased alive on 14 - 8 - 8 6 above, (1) (mg) (did) (aid not) view the body after death. 22b. SIGNATURE

22a.1 certify that (1) (this hospital) attended the deceased from,

DEGREE ATTENDING

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 221 DATE SIGNED

STLCIN F. MEADORS. JR MID

77e ADDRESS 810 TOLL HOUSE AVE

FRED CRICK. MARYCHNO 21101

230. BURIAL, CHEMATIAN, REMOVAL 236. DATE 1/11/86 236 NAME OF CEMETERY OR CREMATORY (SPECIFY)

LUTHERAN CEMETERY

23d. LOCATON TONTOWN CARROLL

24 FUNERADDIREGIOR HARTZLER (VRA 15, 4)

CERTIFICATION

MEDICAL

ADDNEW WINDSOR, MD

250 DATE REC D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

continuous death occurred on the date and hour and from the causes stated

Julia Dandson Rendale

BP DHMH - 16 60M 7/84

shauld be with the S

Hygier Hygier

Q 2 3 H 7 Y MIR 14 05 Charle BLAC Adjusted, PARTITION TO MAKE SAME IN PROCEEDS ACTION CONTRACTOR BITCHES, SHEWAY, FAMILY. Charles of the state of the sta 23/2/11 - Gordon Miller ELD THE HOLDER CHENT F. MEMBERS JR. MITS 9.4

	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6 3	2 2 2 5
3 0 5 0 MOV 11.	A DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
O O O OWED 14	20	Day	vid Henry	Young	Nov. 7, 198	6 2:40P.
DE 00 7	1. SE	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
7 93		Male	White	Feb. 29, 1904	82 YRS	MONTHS DAYS HOURS MIN.
2 11 15		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1 15		Md.	U.S.A.	WIDOWED DIVORCED	Frederick	Co. MD
100	10. €	Middletown	11. NAME OF HOSPITAL, NURSING 11 PORT IN SUCH FACILITY, GIVE STREET 200 W. Main	NG HOME OR OTHER INSTITUTION St.	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LI Farmer	12b. KIND OF BUSINESS OR INDUSTRY Tarm owner
A September 24 hours	De.	Md. Fre	ederick Middle	VN 138 INSIDE CITY LIMITS?		n St.21769
3 /000	1		acob Young			Baker
Popul /	1	MAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECU SIVE WAR OR DATES) 218-30-		ung Middlet	own, 21769
agrices that the death as signed by the order than please remode or to buriel commonly.	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) (CONDITIONS CONTRIBUTING TO		MINAL DISEASE OR CONDITION GI	VEN IN PART I (o)
be los re	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
C physical constraint of the c	0.554	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
AG PHYS other this on the burn the down the down the burn the down the burn the down the burn the down the burn the burn the down the burn the down the burn	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 211 LOCATION STREET	CHY OR TOWN	COUNTY STATE
ATTENDS appried or CCTOR, a differ uner of Health in 23 is me		22a.1 certify that (1) this has saw the deceased alive cabave, (1)(we) (did) (did)	pital) attended the deceased from 19 pot) view the body after death.		death accurred an the date and hau	19, that (I) (w) last or and from the causes stated
TALOR PRALDING derocha forte Dep		22b. SIGNATURE	ald la		MEDICAL STAFF DIRECTOR PHYSICIAN	1 S S
O HOSFI Humed In To FUNE MPORTAL			nre	27e ADDRESS Middl	eteur, Md 2116	9
25 2	23a	BURIAL, CREMATION, REMOVA (SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	21.5	Burial		Lutheran Cem.	Middletown	Fred. Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24.1	uneral director in the substitution of the sub	Funeral Homeoness	Middletown, N	TE REC'D. BY REGISTRAR 256 REGIST OV 13	Para Pandare

